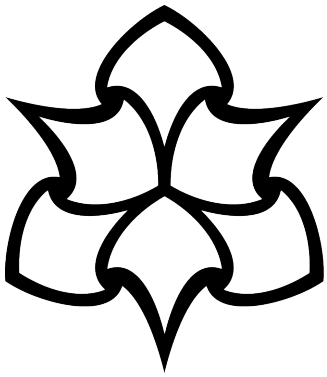

TOWARDS HARM REDUCTION PROGRAMMES WITH SEX WORKER CLIENTS IN SOUTH AFRICA

SONKE GENDER JUSTICE

HIV/AIDS • GENDER EQUALITY • HUMAN RIGHTS

This project was commissioned by Sonke Gender Justice.

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Open Society Foundation for South Africa

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ACRONYMS

AIDS	Acquired immune deficiency syndrome
HIV	Human immunodeficiency virus
ID	Information dissemination
LGBTI	Lesbian, gay, bi-sexual, transgendered and intersex (people)
SATHI	Sex Workers and Associates Training and Health Initiatives (India)
STD	Sexually-transmitted disease
STI	Sexually-transmitted infection
UK	United Kingdom
USA	United States of America
VCT	Voluntary counselling and testing (for HIV)
VCT-ID	Voluntary counselling and testing and information dissemination

EXECUTIVE SUMMARY

This report explores possible harm reduction approaches to a sex worker client intervention in the South African context. It considers the current evidence base on client interventions globally and sets out key recommendations for an effective client intervention programme.

Drawing on this framework and recommendations, the report concludes with an example of a curriculum which could be used as a possible approach to a client intervention plus an educational booklet targeted at sex worker clients.

INTRODUCTION

1. INTRODUCTION

"The near constant focus of public health interventions on sex workers rather than their clients can, in itself, be read as an expression of 'whore stigma'." (Huschke & Coetzee, 2019)

The responsibility for reducing the risks associated with sex work[1], particularly around HIV, have fallen almost completely on sex workers. Many sex worker-focused public health intervention programmes have been implemented internationally. These programmes aim to raise awareness and promote safer sexual practices among sex workers as well as to support sex workers to develop strategies to negotiate safe sexual transactions with their clients.

The strong focus on sex workers of many of these HIV interventions, however, serves to reinforce dominant and stigmatising understandings of sex workers as responsible for the spread of disease. This highlights the importance of developing intervention programmes aimed at encouraging clients of sex workers to share the responsibility for HIV reduction by practicing healthy and respectful engagements with sex workers. In South Africa – as with many places in the world – this goal is made more difficult by the fact that all aspects of sex work are criminalised. More specifically, section 11 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act of 2007 makes the buying of sex an explicit crime.

Acknowledging the criminalised nature of sex work, this report explores possible harm reduction approaches to a sex worker client intervention in the South African context. A broad outline of national and international research on clients is presented, followed by a review of literature that assesses and evaluates the limited client intervention programmes implemented in the Global North and the Global South. it concludes with a set of considerations and recommendations for developing such a programme in South Africa.

In addition the appendices include an example of a curriculum for a possible approach to a client intervention, plus an educational booklet targeted at sex worker clients.

1 The report uses the term 'sex work', 'sex worker' and 'client of sex workers'. This terminology is generally employed internationally to communicate the assumption that selling sex is, or can be, work (Smith & Mac, 2018).

WHO ARE THE CLIENTS?

2. WHO ARE THE CLIENTS?

"While we know more about the women who sell sex globally and, to some extent, in South Africa, we know comparatively little about the men who pay for sex."

There is a well-established and growing body of literature which explores various facets of sex work in South Africa (e.g. Gough, 2001; Gould, 2014; Gould & Fick, 2008; Huschke & Coetzee, 2019; Learmonth et al., 2015; Mgbako, 2016; Stadler & Delany, 2006; Trotter, 2008). Most of this research focuses on the women who sell sex, however.[2] While we know more about the women who sell sex globally and, to some extent, in South Africa, we know comparatively little about the men who pay for sex.[3] Moreover, almost all of the published work on clients has been based on research conducted outside of South Africa (e.g Hammond & Van Hooff, 2019; Huschke & Schubotz, 2016; Lahav-Raz, 2020; Prior & Peled, 2019; Sanders, 2012; Sanders et al., 2020).

2.1 PROFILING THE CLIENT

A large portion of research on men who pay for sex explores the associations between buying sex and various psychological and socio-demographic variables including age, marital status, and class. While these studies aim to contribute towards creating a profile of the typical client, they yield contradictory results when considered collectively.

For example, Belza et al. (2008) and Monto and McRee (2005) found that clients of sex workers were significantly less likely to be married; and Monto and McRee found that those who were married were less likely to be happily married than non-clients. Conversely, Pitts et al. (2004) found that marital status was not a significant discriminating variable between clients and non-clients. While Belza et al. (2008) and Pitts et al. (2004) found that clients were significantly older than non-clients and were significantly less likely to have tertiary education, Xantidis and McCabe (2000) found the variances in age and education levels between clients and non-clients were not significant.

The contradictory nature of these findings suggests that men who pay for sex are not an homogenous group. Research suggests that men's involvement in buying sex is complex, and that men from various walks of life pay for sex and may do so for a variety of reasons that may change throughout their lives (Huschke & Schubotz, 2016; Huysamen, 2017; Prior & Peled, 2019; Sanders, 2012).

2 People of all genders and sexual identities buy and sell sex, and there is some limited research on women who pay for sex (Kingston et al., 2020). However, cisgender men make up the vast majority of clients of sex workers, whilst the majority of people who sell sex identify as cisgender women.

3 Most of what we know about clients' attitudes and behaviours in South Africa is based on reports by sex workers. While this is a valuable source of information about clients, this material has not been included in this review, which focuses only on research conducted directly with clients.

2.2 SEX WORKER CLIENTS IN SOUTH AFRICA – WHAT DO WE KNOW?

A household survey with 1,654 adult men conducted by Jewkes and colleagues in two provinces in South Africa, found that 18.0% of men reported ever having sex with a sex worker (Jewkes et al., 2012b). There was little variation between the socio-demographics of men who had sex with a sex worker, but it was less widespread among unwaged men or those who earned very little (Jewkes et al., 2012b). Among men who reported ever having sex with a sex worker, 29.4% also reported having ever raped a women, 20.0% owned an illegal gun, a quarter had been a member of a gang, 64.0% had used illicit drugs in the last year, and more than half had been involved in three or more incidences of theft or robbery (Jewkes et al., 2012a).

Preliminary data from a study with 2,600 men in Diepsloot, Johannesburg found that 46% of respondents had paid for sex in the last year (Sonke CHANGE Trial, 2018). The study also found that more than half of the men interviewed (56%) used violence against women.

Coetzee (2019) conducted research with 119 clients in Klerksdorp for a study aimed at understanding violence and mental health within a high prevalence TB and HIV setting. The men she interviewed came from working class backgrounds and reported high levels of unemployment. According to Coetzee, clients in her study were a group of violent men with a set of extremely complex psycho-social issues, including experiences of trauma and complicated mental health issues. Coetzee found a high HIV prevalence and poor adherence to treatment and health outcomes amongst this group. Many participants reported being victims of physical violence (some men were victims of child sexual abuse, torture, extreme police brutality, and other forms of interpersonal violence), while also reporting perpetrating physical violence against sex workers.

Earlier research projects in inner-city Johannesburg and in Durban also reported rape or abuse of sex workers by clients, and client resistance to using condoms during the transaction (Nairne, 2000; Pauw & Brener, 2003). Collectively, these studies show that some sex worker clients exhibit anti-social and often very dangerous behaviour.

Conversely, Huysamen conducted two in-depth qualitative studies with men who pay for sex in Cape Town (Huysamen, 2017, 2019b; Huysamen & Boonzaier, 2015). In both studies the majority of participants where white, married, middle-aged, and were employed in professional jobs, which would define them as middle class. Most of these men said they purchased sex from private sex workers advertising online or from women working at brothels, and most stated that they did not purchase sex from street-based sex workers. A similar client demographic was reported by Gould and Fick in their study of sex work in Cape Town (Gould & Fick, 2008). Huysamen found that very few men self-reported perpetrating any forms of violence against sex workers, and most men actively distanced themselves from dominant understandings of the violent client (Huysamen, 2016, 2019b).

In line with the results of much international academic research, the contrasting findings about the men in these South African studies highlights that clients of female sex workers are not an homogenous group.

"clients of female sex workers are not an homogenous group."

2.3 INTERNATIONAL RESEARCH ON CLIENTS AND HIV

Much of the existing international research on clients is focused on HIV and men's risk-taking behaviours. This research explores the relationship between factors such as HIV status, regular condom use, whether men go for regular HIV testing, the numbers of sexual partners, the frequency of their paid sexual encounters, and other high-risk behaviours such as drug taking and the excessive consumption of alcohol (Atchison & Burnett, 2016; Barnard et al., 1993; Day et al., 1993; Faugier, 1995; Goldenberg et al., 2011; Nadol et al., 2017; Varga, 1997; Voeten et al., 2002; Zhang et al., 2014).

Findings vary greatly across these studies and contexts. For instance, while some studies (e.g. Barnard et al., 1993; Belza et al., 2008; Day et al., 1993; Plumridge et al., 1997) concluded that men who pay for sex were more likely to use condoms during paid sexual encounters than men in non-commercial sexual encounters, many other studies reported that men who pay for sex engaged in risky unprotected sex with sex workers and were key components in the spread of HIV (Nadol et al., 2017; Voeten et al., 2002). The findings of these studies vary across the different locations and contexts and do not seem to provide conclusive insights into the sexual health behaviours of men who buy sex. This again highlights the importance of conducting and considering context-specific research on men who pay for sex in order to understand their motivations and behaviours.

There have also been attempts to explore, more qualitatively, the relationship between clients' attitudes towards condom use, negotiation of safe sex practices, and clients' perceptions of risk. From this literature, it appears that most clients had positive attitudes towards condom use (Plumridge et al., 1996, 1997; Vanwesenbeeck et al., 1994). These studies suggested that participants were aware of the risks that men faced by buying sex from sex workers – but most men said they felt that they were at less of a risk than *other* clients, because of the precautionary measures that they took (Plumridge, Chetwynd, & Reed, 1997; Plumridge et al., 1996; Sanders, 2006, 2012).

Nonetheless, some studies (Goldenberg et al., 2011; Regushevskaya & Tuormaa, 2014; Sanders, 2012) found that some of their participants held negative attitudes towards condom use and engaged in unprotected sex with sex workers. For example, Karandikar and Gezinski (2012), in their qualitative interviews with clients in India, found that many of these men were misinformed about HIV/AIDS and expressed preferences for unprotected sex with sex workers and other sexual partners. Kong's (2015) research in China suggested that men who sought emotional relationships with sex workers and became emotionally invested in the client-sex worker relationship were more likely to engage in unprotected sex than those who desired more impersonal or one-off sexual interactions with sex workers. Conversely, Hoang (2011) found that, although sex workers catering for the high-end sector of the sex work industry in Vietnam would offer their rich overseas clients sex without condoms as part of providing an illusion of a relationship, most men chose to use condoms anyway.

INTERVENTION PROGRAMMES

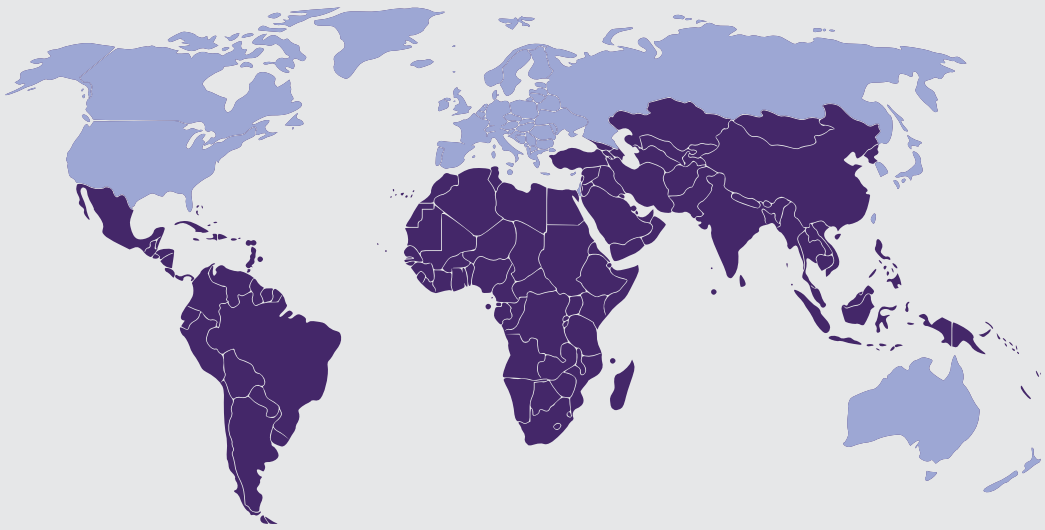
3. INTERVENTION PROGRAMMES

"That there were variations in effectiveness between sex workers and clients when exposed to a similar intervention is an important consideration when designing future client interventions based on interventions for sex workers."

While there have been many intervention programmes targeting sex workers implemented across the world, very few interventions target clients (Pitpitan et al., 2015).

This section reviews the academic literature on evaluations and assessments of client intervention programmes – starting with client interventions conducted in the Global North followed by those implemented in various regions in the Global South.

The literature considered in this review was identified through conducting a search of relevant terms[4] on the PubMed database, and the databases of the universities of Bath, Manchester and Cape Town, as well as through requesting recommendations via various sex work research networks.



THE GLOBAL NORTH
NORTH AMERICA & THE UK
THE NETHERLANDS
SCANDINAVIA
NEW ZEALAND

THE GLOBAL SOUTH
SOUTH AFRICA
BENIN
MALAWI
MEXICO
INDIA AND BANGLADESH
CHINA

4 Search terms included 'client' or 'John' or 'kerbcrawler' AND 'sex work' OR 'prostitute' AND 'intervention' OR 'programme'.

3.1 THE GLOBAL NORTH

3.1.1 North America and the UK

Research on client intervention programmes is scarce, and their effectiveness is hard to evaluate (Serughetti, 2013). The majority of published work presents evaluations of 'John[5] School' re-education programmes which were first started in the USA, and 'kerbcrawler'[6] rehabilitation programmes implemented in the UK. Sex work is fully criminalised in most parts of the USA, while only partially criminalised in the UK. However, in both countries, street-based sex work is criminalised. Selling sex is illegal in Canada. In both contexts, these programmes follow the same format, are based on the same set of assumptions about the nature of sex work and aim for the same outcomes. They are consequently reviewed together.

These one-day diversionary intervention programmes for men who have been convicted of 'soliciting prostitution' are administered through the country's criminal justice system, with the ultimate aim of reducing the number of men who pay for sex (Gurd & O'Brien, 2013). Thus, the effectiveness of the programmes has largely been based on the rates of recidivism or re-offending (Sanders, 2009, 2012).

The first client re-education programme – the 'First Offender Prostitution Program' – was implemented in San Francisco in 1995 (Sanders, 2009). This programme was built on the core assumptions that sex work equates to exploitation and violence against women, that sex workers are victims or 'survivors', and clients are exploitative criminals who are in need of education and reform (Sanders, 2009; van Brunschot, 2003). Sanders suggested that 'the content and philosophy of this first programme became a blueprint for other programmes across the USA, Canada and the UK' (Sanders, 2009). These interventions do not hold much value for harm reduction approaches for sex worker clients.

3.1.1.1 Content of the programmes

Gurd and O'Brien (2013) conducted a content analysis of the curriculum of three different John programmes in California to explore how sex work is constructed within the programmes. They argued that these programmes serve to extend the constructions of sexual deviance from sex workers only to both clients and sex workers, whilst failing to acknowledge the autonomy and choice displayed by sex workers and clients (Gurd & O'Brien, 2013). They found that the programme's material constructed sex workers as dishonest and greedy. Rather than discussing sexual health risks more generally, messages about HIV consistently evoked the image of the high-risk diseased sex worker, reproducing understandings of sex workers as vectors of disease. This observation highlights the importance of ensuring that future HIV education programmes do not unintentionally reproduce this discourse and thereby exacerbate the stigmatisation of sex workers.

5 A 'john' is a colloquial term for a sex worker client.

6 A 'kerbcrawler' is 'a man who drives slowly looking to entice a prostitute into his car for sexual purposes' – Collins English Dictionary.

3.1.1.2 Effectiveness of interventions

Sanders reviewed literature that reports on evaluations and assessments of kerbcrawler programmes. She argued that client re-education programmes can be criticised according to the following points: their failure to measure the effectiveness of the programme; resource intensiveness; biased content of the programmes; the shaky legal theory underpinning the programmes; and the damaging effects of the programme, particularly the shaming techniques used (Sanders, 2009).

Sanders argued that these interventions have been implemented in the UK and North America in the absence of any statistically significant evidence of their effectiveness (Sanders, 2009, 2012). Their success has been based on the rationale that very few men who go through the programmes re-offend. Sanders argues, however, that re-offending rates cannot be used to measure effectiveness given the fluid nature of the sex industry which means that a client can simply pay for sex elsewhere; and given that re-offending rates are equally low among all men who have entered the criminal justice system for paying for sex.

In support of this assertion, Monto and Garcia (2001) studied recidivism rates among men participating in intervention programmes – specifically of men arrested for attempting to pay for sex on the street in the USA. Their sample ($n=215$) was divided into three groups: those who attended the programme, those who were ordered to attend the programme but failed to do so, and those who were not ordered to attend. They found that there were no statistically significant differences in subsequent convictions between the groups; there was an extremely low rate of recidivism in all three groups, with only three out of 215 of the participants being caught re-offending during the two years following their conviction.

Wortley et al. (2002) conducted the first evaluation of the John School diversion programme for men in Canada. They conducted pre- and post-programme interviews and surveys with 366 men who attended the Toronto John School, a one-day self-financed programme chosen by the men as an alternative to undergoing a court process. In providing a detailed outline of the one-day educational curriculum, they described the John School as a victim-focused intervention aimed at increasing participants' awareness of the various victims of sex work, and the damage and harm it causes.

The programme focused on the consequences that the men might face if they continued to pay for sex and the potential damage that sex work can cause. Wortley et al. suggested that the curriculum's 'victim-orientated presentations seek to educate the Johns – through a confrontational shaming ritual – about the damage and pain that their prostitution-related behaviour has caused' (Wortley et al., 2002). During these sessions, sex workers presented narratives of how they were

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forced into sex work by life circumstances and they outlined the damage and harm sex work had caused them. Men were told that by paying for sex they were directly contributing to the suffering that sex workers experienced. The Public Health Department provided men with detailed information on how to reduce the risk of contracting sexually transmitted infections (STIs) through safer sex practices.

Results from the evaluation of the programme showed attitudinal change and increase in knowledge awareness after the intervention. After attending the John School, participants communicated a more accurate understanding of Canadian law around sex work and also identified more 'victims' of sex work. One of the central goals of the programme was to communicate that paying for sex was not normative and that women who sell sex are victims of a patriarchal system – and indeed the findings of the study suggest a significant increase in the number of participants who admitted that they had, or might have had, a sexual addiction. Participants' negative attitudes towards sex work were expressed more strongly after the John School and they were also significantly less likely to support the decriminalisation of sex work.

However, the results suggested that John School did not significantly increase awareness of the potential risks (such as exposure to disease, risk of violent crime, threats to relationships) associated with sex work – largely as the men communicated an understanding of these risks before attending the programme. Wortley et al. (2002) also found that John Schools appeared to have no significant effect on anticipated future behaviour: after arrest and before attending the John School the majority of respondents claimed that they would not pay for sex again, and this remained largely unchanged in their reports after the John School. In line with previous research, Wortley et al. (2002) suggested that the recidivist rate of the Toronto John School participants was almost identical to the re-offence rate of those who went through regular criminal justice proceedings. John School and other interventions seem to have no greater or additional deterrent effect than that achieved through arrest and subsequent criminal proceedings.

Wortley et al. (2002) reflected on some of the shortcomings which could inform future client interventions. In reporting that participants were actually less likely to identify the risks related to STIs after attending John School than before, the authors highlighted concerns about the technical language used regarding sexual health risks. Participants with the lowest English proficiency and lowest levels of education reported fewer sexual health risks after the intervention than they did before, while the inverse was true for participants with a higher educational attainment and English proficiency. This highlights the importance of communicating the sexual health-related risks in participants' own languages and to pitch the information at a level most suitable for the target audiences.

"John School and other interventions seem to have no greater or additional deterrent effect than that achieved through arrest and subsequent criminal proceedings."

Wortley et al. (2002) identified the failure to explicitly delineate the overarching purpose of the intervention as a crucial flaw in the project:

> 'To begin with, there appears to be considerable confusion – even among program administrators – about the main purpose of the John School program. For example, while some stakeholders feel that the John School should stop men from engaging in all forms of prostitution, others maintain that the program should only focus on preventing the use of street prostitutes. Similarly, some stakeholders claim that the main objective of the John School should not be behavioural change, but increasing awareness of the dangers and victims associated with the prostitution and the promotion of safer sex practices. Clearly, the ambiguity of Canada's definition of prostitution as a social problem is reflected in the John School's confusing mix of educational, informational, attitudinal, and behavioural goals.' (Wortley et al., 2002)

This underscores the importance of stipulating the definition of sex work, and the related definitions of the client and the sex worker, that underpin a programme. It is crucial that all stakeholders agree on these definitions as they will frame the entire intervention approach and will inform the intended goals and outcomes of an intervention.

Research has also emphasised the risks of using shame as a tactic by these intervention programmes (Sanders, 2009). In their evaluation of a client intervention in USA, Sawyer et al. (2001) found that many men paid for sex in response to non-sexual needs. However, these psychological issues were not addressed, or even acknowledged, by the programme. The authors argued that feelings of shame, humiliation and stigmatisation resulting from the programme exacerbated men's emotional problems and distress. However, they noted that programme personnel were not equipped to address or manage this emotional distress.

"In their evaluation of a client intervention in USA, Sawyer et al. (2001) found that many men paid for sex in response to non-sexual needs."

Sanders suggested that programmes that do not attend to the emotional needs of men who pay for sex may ignore some of the reasons behind why men visit sex workers in the first place. She argued that 'given that the motivations for seeking commercial sex have been clearly documented…and the reasons are many (for instance loneliness, marriage breakdown and other personal problems), the absence of such therapeutic understanding in such programmes is irresponsible' (Sanders, 2012). Sanders noted that, unlike other restorative justice processes that used shaming tactics, the re-education process has no follow-up process to support individuals who may be affected by the traumatic stories that they have heard or by the feelings of guilt, shame, or confusion that the programme may have elicited.

This critique speaks to the importance of having appropriately trained and equipped staff to manage participants' distress, should this be communicated during the intervention. It also highlights the importance of taking an holistic approach to understanding clients and their motivations while designing an intervention programme.

Sanders critiqued the naming-and-shaming approach used by many of these programmes which publicly released the names of the offenders, suggesting that in so doing they ignored the implications of the stigma associated with paying for sex. Other research suggested that men who pay for sex do so largely in secret (Huysamen, 2019a). Exposing men as clients of sex workers can have major implications for their relationships, social standing and employment, and might lead to the stigmatisation of their families too. This highlights the importance of fully acknowledging how the stigma of paying for sex operates when designing interventions for clients, particularly in contexts like South Africa where sex work if fully criminalised. It is essential that any intervention does not pose a risk of exposing men's identities as clients.

The review of the literature on John School and kerbcrawler programmes implemented in the UK and USA revealed that there was little evidence of their effectiveness. Particularly, these studies suggested that client re-education failed to achieve positive outcomes in terms of knowledge, attitudes and behaviours around sexual health. However, some of the reflections around the challenges, shortfalls, and weaknesses of the interventions that have been highlighted are helpful considerations for designing future interventions.

3.1.2 The Netherlands

The search of the academic literature did not yield any published studies on intervention programmes for clients in the Netherlands, where sex work is legalised. However, two sex worker organisations, Spot 46 (www.spot46.nl) in the Hague and Tussenvoorziening in Utrecht, were contacted.

A social worker at Spot 46 (Veldboom, 2019) provided the following information:

> "Spot 46 is an information centre for sex workers in The Hague. Our goal is to improve the position of sex workers.
>
> For six years Spot 46 has been organising 'client activities' two to three times a year – a bit like a campaign. During these activities we offer clients of sex workers in the 'window streets' in The Hague the opportunity to do an STD test. We go to the streets, together with the sexual health centre, with a mobile clinic (bus), where the clients can be tested. We also offer them a flyer which informs them about taking responsibility regarding safe sex (using a condom), doing STD tests, paying a fair price, and reporting criminality/misconduct. During a client activity, between 40 and 50 clients are generally tested.
>
> We started this activity as sex workers in the 'window streets' told us that they were sometimes being asked for sex without a condom. They mentioned that it's important that they have a safe sex industry and that clients use a condom and are regularly tested for STDs. Sex workers also emphasised the importance of clients paying a fair price.
>
> During every client activity we approach the media to get some media exposure for our work. This informs society about what we do and tells them a different story about sex workers and their clients than is usually presented. In this way we hope to de-stigmatise sex work."

Drawing on experience from Spot 46's client interventions, the following suggestions for best practice were made:

- "Always inform the sex workers and the operators about your campaign.
- If you approach clients, don't expect to have a conversation. Sometimes it happens and that is nice, but if he doesn't want to talk, it's also OK.
- Try to have some media attention for the campaign, to reach a broader audience.
- Develop new materials that you give to clients and the sex workers. We realised that some sex workers who have been working in the streets for a couple of years always received the same information about the campaign. We therefore developed some new information after three or four years.
- It's important to have some people close to the mobile clinic – to inform clients who are waiting, offer them some drinks/foods, do a questionnaire (necessary for the test), invite other clients for the test. Inviting the clients also happen in other parts of the street.
- Be aware that you need to be sufficiently away from sex workers so they can do their work. Don't wait in front of their windows, for example." (Veldboom, 2019)

3.1.3 Scandinavia

The literature search did not yield any published studies of intervention programmes implemented in Nordic countries like Sweden, where only the buyer is criminalised for paying for sex. Our requests to organisations and researchers did not yield any suggestions of publications or known interventions.

3.1.4 New Zealand

No interventions for clients were identified in New Zealand, where sex work is decriminalised.[7]

7 We corresponded with leading New Zealand–based sex work researcher, Dr Lynzi Armstrong, who was also not aware of any published work on client interventions in New Zealand.

3.2 THE GLOBAL SOUTH

Client intervention programmes that have been implemented in the Global South tend to be aimed at HIV prevention and risk reduction, rather than at reducing the number of clients who buy sex. Broadly, these interventions focus on providing HIV education and awareness, and on developing skills and strategies for safer sexual practices, particularly increased consistent condom use among men who pay for sex. Most of these studies suggested that these interventions have been, to varying degrees, successful in changing client attitudes and/or behaviours (Williams et al., 2014).

These results can be debated, however, as there are very few randomised control trials to assess the efficacy of interventions (Williams et al., 2014). Wariki et al. (2012) conducted a review of randomised and quasi-randomised trials of behavioural interventions for sex workers and clients aimed at reducing the transmission of HIV in low- and middle-income countries. They did not identify any published randomised control trials for interventions with male clients.[8] As is the case with the re-education programmes reviewed earlier, many of the studies that were reviewed relied on self-reported behavioural outcomes which are always vulnerable to desirability bias. Despite these methodological limitations, however, these studies do suggest some positive outcomes resulting from client interventions.

Research on client interventions in Africa is extremely limited.

3.2.1 South Africa

No publications assessing intervention programmes in South Africa that targeted sex worker clients specifically were identified.

Some publications focused on long distance truck drivers – a population known to make use of the services of sex workers – and on the health and wellness programmes for drivers generally (and, in some instances, for sex workers and surrounding communities) (Lalla-Edward et al., 2016; Fobosi et al., 2017).

The Perinatal HIV Research Unit at Baragwanath Hospital is piloting a client intervention in taverns in Soweto, but no findings have been published yet.

"A company with a peer educator was more likely to distribute condoms and drivers were more likely to use condoms with casual sexual partners than companies with no peer educators."

8 The majority of the evaluations and assessments of client intervention programmes involve researchers conducting baseline studies (by either using existing statistics of client populations or conducting surveys); implementing the intervention over a period of time and then measuring outcomes. A sample of men was selected after the intervention, under the assumption that they would have been exposed to the intervention. As a result, only associations rather than causal relationships can be inferred.

3.2.2 Benin

Lowndes et al. (2007) presented the results of a pilot HIV/STI prevention intervention with male clients of female sex workers in multiple cities in Benin, West Africa. This involved outreach work at sex work venues and the surrounding areas, carried out by male peer outreach workers who worked either on their own or in groups. They approached clients in sex work venues where they used flip charts and other materials to discuss HIV and STI transmission risks – using wooden penises to do condom demonstrations. Leaflets and other informational materials and condoms were distributed. In addition, a free and confidential STI clinic was set up specifically for men near one of the sex work venues. Here men could access physical examinations, STI testing, treatment of symptoms, risk-reduction counselling, and education around safe sex practices. The peer outreach workers administered questionnaires to clients which assessed their ability to put on condoms correctly and collected cross-sectional data on HIV/STI prevalence.

Over the period of the implementation of the intervention, men's condom use rates with both sex workers and other female casual sexual partners increased significantly, rates of gonorrhoea decreased significantly, while HIV prevalence remained stable. Drawing on the cross-sectional survey data as well as results of HIV/STI testing, the authors proposed that the intervention reduced risky sexual behaviour and STI prevalence rates among clients – suggesting that the intervention was successful.[9]

Williams et al. (2014) used mathematical modelling to evaluate a client intervention in Cotonou, Benin. Their mathematical model suggested that sex work interventions can be effective in increasing condom use and reducing HIV prevalence among both sex workers and clients. The findings from their model also suggested that the impact of these interventions were best measured over a longer period of time, rather than only directly after intervention. This might be an important consideration for assessment of future interventions.

3.2.3 Malawi

Walden, Mwangulube and Makhumula-Nkhoma (1999) employed a mixed methods approach to evaluate the impact of a peer education HIV prevention programme for bar-based sex workers and clients (long distance truck drivers) in Malawi. The aim of the intervention was to both promote 'risk-reducing' behaviour and maintain 'low-risk' behaviours (Walden et al., 1999).

In terms of the client intervention, 458 truck drivers working for various transport companies operating throughout Malawi were trained as peer educators and were tasked with providing information about safe sex practices and distributing condoms to their peers.

9 Due to the limitations of the design of their study, which lacked randomisation and control, the findings cannot be used to provide conclusive empirical evidence of the effectiveness of the study.

To evaluate this intervention, 374 participants were purposively selected to complete a structured questionnaire and a focus group was conducted with a group of 11 truck drivers. The researchers found that, at the time of administering the questionnaires and conducting the focus group, the peer educators were no longer holding meetings with truck drivers nor distributing condoms.

In the focus group, the participants said that they would prefer to have a peer educator from outside the company rather than a peer from within the company. However, the findings suggested that a company with a peer educator was more likely to distribute condoms and drivers were more likely to use condoms with casual sexual partners than companies with no peer educators. While Walden et al. (1999) reflected on the challenges and pitfalls of the peer education approach, they suggested that positive behaviour change had occurred as a result of the intervention.

3.2.4 Mexico

Pitpitan et al. (2015) developed a sexual risk reduction intervention for male clients of female sex workers in Tijuana and San Diego in Mexico. They conducted anonymised controlled trials with 400 participants who were assigned to one of two groups, to measure the efficacy of their programme: the first group experienced a therapeutic theory-driven skills development intervention while the second, the control group, was given a didactic intervention.

Their therapeutic intervention, the *Hombre Seguro*, was based on cognitive behavioural therapy, social cognitive theory, and the theory of reasoned action; it included motivational interviewing techniques which tailored the intervention to the needs of individual participants. This hour-long therapeutic theory-driven intervention was designed to allow the counsellor and the participant to work together to explore each participant's individual cognitive, emotional, and behavioural triggers to unsafe sex, as well as the barriers to practicing safer sex. Together, the counsellor and the client identified and practised cognitive behavioural strategies such as reframing negative thoughts and emotions and developing communication skills. They used techniques such as role play to actively build skills towards developing safer sex practices.

Participants in the didactic control group were provided with an hour-long intervention where they received HIV/AIDS information and were guided through a risk assessment by a counsellor. There were, however, no theory-based skills building exercises.

"That there were variations in effectiveness between sex workers and clients when exposed to a similar intervention is an important consideration when designing future client interventions based on interventions for sex workers."

The results were that the more intensive *Hombre Seguro*, the skills building approach, did not yield significantly higher reductions of sexual risk behaviour than the control group. Both groups reported significantly safer sex practices over time, suggesting that more didactic approaches to providing safe sex education and increasing participants' awareness of their risky practices might be as effective as more specialised theory-driven therapeutic approaches.

The authors were surprised at these findings, particularly given that a similar intervention with sex workers had been successful. They deduced that 'clients might require more nuanced or targeted interventions than female sex workers' (Pitpitan et al., 2015). That there were variations in effectiveness between sex workers and clients when exposed to a similar intervention is an important consideration when designing future client interventions based on interventions for sex workers.

While there were no overall significant differences between the *Hombre Seguro* and control groups, the findings did yield significant differences between clients who reported the co-occurrence of multiple psycho-social problems and those who did not. The baseline results showed (in line with previous research) that individuals who reported drug use, alcohol use, a history of abuse, or recent incarceration also reported engaging in more risky sexual practices. Researchers hypothesised that men who experienced more psycho-social problems (referred to as 'syndemic problems') at baseline would be more likely to benefit from the *Hombre Seguro* intervention than those who experienced fewer syndemic problems – and indeed, the follow-up at 12 months confirmed this to be the case. Given that psycho-social problems have been shown to be associated with risky sexual practices, and given that disadvantaged populations are disproportionately affected by these syndemic problems, the study suggested that a therapeutic-style intervention might be appropriate for client populations likely to be vulnerable to psycho-social problems. These findings support Coetzee's (2019) research with clients in South Africa, where she reported a complex range of psycho-social problems and recommended interventions that included therapeutic interventions to address mental health problems.

3.2.5 India and Bangladesh

SATHI (Sex Workers and Associates Training and Health Initiatives)

In India, client intervention programmes have been shown to have a positive impact on clients' sexual health behaviours (Bloem et al., 1999; Boily et al., 2013; Pickles et al., 2013).

Bloem et al. (1999) conducted a participatory action research project called SATHI (Sex Workers and Associates Training and Health Initiatives) in Dhaka city, Bangladesh. The project was motivated by the desire to challenge the assumption that sex workers are the cause of HIV, and to replace this discourse with the understanding that sex workers are part of the solution. As such it was not an assessment of an existing client intervention. Rather, through active involvement of sex workers themselves, it aimed to develop an understanding of how best to target clients and then to develop an intervention for clients, based on this research.

This participatory action research approach aimed to identify and profile the different kinds of clients of female sex workers in Dhaka city to better understand their risk behaviour and perceptions, and to explore sex workers' views about their clients. A group of street-based sex workers, who called themselves *Durjoy Nari Shanga*, were trained in various research techniques and skills to be co-researchers. They were then actively involved in all stages of the research process, collecting both qualitative and quantitative data.

For the quantitative study, the *Durjoy Nari Shanga* co-researchers requested their sex worker colleagues to ask their clients three questions during their next sexual encounter to gather information on their occupation, marital status, and whether they were regular or non-regular clients. The following day the researchers met with the sex workers to compile the information gathered. This included the number and sequence of clients, the number and type of sex acts with the different clients, condom use, and the fee per visit. This information was collected on a pictorial sheet developed in collaboration with the sex workers themselves through several meetings and discussion sessions – highlighting the potential and value of participatory research design conducted with sex workers.

Through the quantitative pictorial sheet, five major groups of clients from 23 different areas were identified according to their occupation. These clients were rickshaw pullers (17.7%); service employees, including government staff, private staff, non-government organisation staff, private car drivers, salesmen, hotel staff, and cinema hall staff (15.3%); students (15.1%); police (13.4%); and businessmen (10.9%).

For the qualitative study, 209 sex workers and 209 clients were interviewed. Sex workers were interviewed by the *Durjoy Nari Shanga* co-researchers, while the clients were interviewed by male interviewers trained for the project.

The interviews with sex workers revealed that students and police were the most violent clients, and women reported having the least control over the rate they charged policemen, who demanded lower rates or free sex. The study also found that there was a decrease in condom use as the evening progressed. Bloem et al. (1999) found that as a result of fewer clients purchasing sex later in the evening, sex workers were more desperate for business, which decreased their ability to negotiate safer sex practices with clients. The interview data suggested that the decrease in condom use could also be explained by reduced availability of condoms as the evening progressed as well as of lubricant, which meant that sex becomes more uncomfortable for women.

Lubricant is an important issue in the South African context. In their ethnographic research with female sex workers in Soweto, Huschke and Coetzee (2019) found that condom breakage was one of the primary reasons for sex without a condom between sex workers and their clients. However, they found that lubricants – which were important for reducing condom breakage and were freely available – often went unused by sex workers due to the rushed nature of the engagements resulting from the criminalised nature of sex work.

Bloem et al. (1999) suggested that community education programmes that addressed men's failure to *accept responsibility* for condom use in paid sexual encounters was necessary. They concluded that the greatest barrier to safer sex practices was, in fact, issues of gender inequality and gender-based violence within Bangladeshi society. Women, particularly sex workers, had an extremely low status in society, while men – particularly police, pimps, local mafia and clients – had very dominant positions. Based on the statements of sex workers and admissions made by clients themselves, the study concluded that violence against sex workers is 'a huge problem' (Bloem et al., 1999).

'Madonna' and 'whore' dichotomy

Bloem et al. (1999) found that men, drawing on dominant patriarchal constructions of women and female sexuality, split women into 'good' women who should not be 'spoiled' by having casual sex with them, and sex workers with whom they could have sex and be rough.

This finding is in agreement with research on clients in South Africa (Huysamen, 2017; Huysamen & Boonzaier, 2015, 2018) which demonstrated that men routinely constructed women according to the dominant 'Madonna' versus the 'whore' dichotomy (Bertone & Ferrero, 2009; Hollway, 2001; Seal & Ehrhardt, 2003). Men constructed their wives and partners in terms of respectability and purity ('Madonna'), while they constructed sex workers in terms of promiscuity ('whore'). Huysamen (2017) found that participants not only perceived their partners and sex workers dualistically, but also constructed the kind of sex they wanted to have with them dualistically. The majority of participants maintained a distinction between the bodies of the 'Madonnas', often their wives, with whom they only wanted to 'make love' respectfully, and the bodies of the 'whores' whom they could 'fuck' or have 'porn star sex' with.

A minority of participants went further, and explained that they were able to have rougher or more violent or misogynistic sex with the sex worker than they would ever have with their wives or partners (they could "pound [her] till she is raw", as one participant put it) (Huysamen, 2017). Participants used these dualistic, heteronormative constructions of femininity to argue that they were actually helping their partners to maintain their 'dignity' and were protecting them from the risk of being 'cheapened'.

It is these dualistic constructions of female sexuality that continue to police women's bodies and limit their sexualities, thereby shaping what certain female bodies may do and what other female bodies may not do. It is also these dualistic constructions that continue to stigmatise women who sell sex. Thus, Huysamen argued that these problematic constructions of gender are a reflection of our broader patriarchal heteronormative society rather than being unique to the sex work industry.

PSI/Avahan integrated behaviour change communication program

Lipovsek et al (2010) assessed the *PSI/Avahan integrated behaviour change communication program* which was estimated to have reached approximately 700,000 men monthly. Implemented between 2004 and 2008 in four states in southern India, it sought to increase consistent condom use amongst clients of female sex workers.

The intervention comprised various forms of communication, including educational materials (which were changed every three months), interpersonal communication, and activities like street theatre and interactive game shows in sex work 'hotspots'. Posters were also displayed in the 'hotspots' as well as at the 65,000 retail outlets where affordable condoms were introduced for sale as part of the programme. Following these media activities, trained representatives from PSI/Avahan conducted discussions with men, either one-on-one or in small groups. The mean age of the participants was between 29 and 31 years old; the majority were married, most had finished secondary education, and most were skilled workers.

Ward et al. (2008) provided a detailed description of the planning, implementation and monitoring and evaluation of the programme. In order to develop the intervention, both qualitative (interviews and focus groups) and quantitative (surveys) research was undertaken on participants' perceptions, beliefs, and attitudes around condom use.

Results

The main behavioural outcomes measured in the surveys conducted between April 2006 and November 2008 with up to 2,041 sex worker clients were condom use at the last sexual encounter with a sex worker, and consistent condom use with sex workers over the last year. The study found that self-reported condom use at the last paid sexual encounter was extremely high at baseline, and did not increase significantly at endline. However, the study found positive associations between increased consistent condom use over time and high levels of exposure to the intervention programme. The research also suggests that exposure to multiple forms of communication is more effective than exposure to only one form of communication. While the study had a number of methodological limitations, the findings suggest that such interventions could contribute towards increased condom use by clients.

Ward et al. (2008) are amongst the few researchers who have provided reflections on the challenges, difficulties and key learnings of intervention programmes. One of the difficulties in this project was getting the trained 'interpersonal communicators' on the project to follow the main focus and key messages in their communications with clients. Many of the communicators had professional backgrounds in education or social work and they often digressed to discussing other health messages that were not the core direct messages of the campaign. Moreover, Ward et al. (2008) noted that although interpersonal communicators were good at sharing information about condom breakage, they were less effective at sharing broader messages around HIV/AIDS.

Ward et al. advised that an intervention should be seen as continuously evolving rather than static. Due to the monitoring and evaluation undertaken throughout the duration of the project, they frequently adjusted the intervention as was necessary, resulting in multiple iterations of the programme. Ward et al. (2008) argued that this continuous monitoring and readjustment increased the effectiveness of the intervention.

3.2.6 China

Lau et al. (2009) evaluated the efficacy of a peer education intervention programme for clients of sex workers in China who were largely middle-aged men with low levels of educational attainment, who purchased lower-end sexual services. The intervention programme involved peer education, training seminars, testing services, and organised social events.

Ten male clients were trained as peer educators to provide education at sex work venues. As part of the intervention, an association for sex work venue keepers was formed – comprising about 50 members – to facilitate the work that the peer educators did in those venues. Free condoms and educational materials like flyers were distributed and the researchers worked with sex workers to create humorous educational jingles about condom safety. A small 'club' was opened which functioned as a social environment where sex workers, clients, venue keepers and peer educators could gather casually, helping to establish a culture of safer sex practices.

Two cross-sectional behaviour surveillance studies, a baseline survey and an evaluative survey, were conducted with clients ($n=356$ and $n=372$) before and after the intervention period. The study did not use a strict randomised design, so only associations rather than causal changes could be inferred.

The findings showed that

- more men accessed the prevention services after the intervention period than before;
- men were less likely to report inconsistent condom use during the last six months after the intervention period, and were more likely to use condoms in the last commercial sexual encounter; and
- men's HIV-related knowledge improved substantially from baseline to post-intervention, with far fewer misconceptions about HIV being noted.

This points to the value of using peer educators in client interventions in providing information to clients.

Perceptions of risk

However, men's level of risk *perception* – the perception that they were at risk of contracting HIV – did not change from before to after the peer education intervention programme.

This supports the findings of research conducted by Huysamen with clients in South Africa (2016, 2017; Huysamen & Boonzaier, 2018). She described how the process of 'othering' is used by men to manage the stigma associated with paying for sex, particularly stigmatised understandings of dirt and disease associated with sex work. Huysamen found that while men spoke about the risks associated with paying for sex, they constructed an idea of the 'other' client – who differed by race and socio-economic status, or who paid different kinds of sex workers at different kinds of sex work venues – as the kind of client who was at risk of contracting HIV and sexually transmitted diseases. While men were aware of these risks, they never imagined themselves as the kind of client who was at risk, or who could be associated with any of the stigmatised notions of paying for sex.

In her book *Risk and the 'Other',* Joffe (1999) provides a detailed analysis of people's responses to the risk of HIV in both Britain and South Africa. She found that, when faced with the risk of HIV, people in both countries fundamentally distanced themselves and their in-group from this risk and cast the risk (and the origin) of HIV/AIDS onto the 'other'. This points to the value of considering the ways that processes of 'othering', stigma, and risk communication might interact, influencing ways in which people come to internalise or externalise perceptions of risk.

Interventions must not only focus on educating men about the risks associated with paying for sex, but should also address the ways in which they are likely to externalise these risks. Lau et al. (2009) made the important point that 'the directionality of the relationship between risk perception and condom use is complex, as risk perception could affect condom use but the reverse could also be true'. They therefore argued that further studies were necessary that would investigate the relationship between risk perception and risk communication among clients, taking into account this process of 'othering'.

A voluntary counselling and HIV testing intervention

Lau, Tsui, Cheng and Pang (2010) assessed the efficacy of a voluntary counselling and HIV testing intervention with cross-border truck drivers who were clients of sex workers. The randomised controlled trial with 301 male truck drivers – none of whom were HIV-positive at the start of the intervention – evaluated the relative efficacy of voluntary counselling and testing and information dissemination (VCT-ID) versus a simple information dissemination (ID) approach. The participants were randomised and recruited into the intervention group (VCT-ID) or the control group (ID).

Members of the control group were given three educational pamphlets and only very brief counselling which lasted between two to four minutes.

Members of the intervention group received the VCT-ID service lasting between 30 and 45 minutes, which comprised a pre- and post-test counselling session which complied with the World Health Organisation's guidelines. The counselling sessions covered topics such as appropriate condom use, the window period for HIV detection, the implication and meanings associated with the positive and negative test result, and possible plans of action. Participants in the intervention group were also given the educational pamphlets as well as a letter written by a person living with HIV discussing their issues and experiences of living with HIV. Participants were also then encouraged to ask the counsellors further questions.

Structured baseline questionnaires were administered to both the intervention and control groups, and a follow-up survey was conducted eight to nine weeks later.

Results suggested that the intervention group participants

- were more likely than those in the control group to engage in consistent condom use with sex workers (85.5% versus 68.5%, $p < .05$);
- were more knowledgeable about HIV; and
- were less likely to have contracted STIs during the intervention period.

Results showed that the information dissemination approach alone did not seem to increase clients' knowledge or reduce risk-taking behaviours substantially. This suggested that providing more thorough one-on-one educational counselling may be more effective than simply disseminating educational materials to clients.

"Providing more thorough one-on-one educational counselling may be more effective than simply disseminating educational materials to clients."

KEY CHARACTERISTICS OF AN EFFECTIVE CLIENT INTERVENTION IN SOUTH AFRICA

4. KEY CHARACTERISTICS OF AN EFFECTIVE CLIENT INTERVENTION IN SOUTH AFRICA

"Given the diversity amongst men who pay for sex, to speak of an intervention for the general 'client' may be unhelpful."

Collectively, the published assessments and evaluations of client intervention programmes implemented in the Global South suggest that client interventions have the potential to influence clients' awareness, knowledge, and behaviours around sexual health risks and safer sex practices. However, no single intervention programme stood out as being the most effective or the most appropriate for the South African context. Rather, they each had varying strengths and weaknesses that, when considered together, provide a set of learnings and recommendations for developing an intervention for clients in South Africa.

Recommendations are presented below for developing a respectful sex worker-driven community-based client intervention that aims to foster safer sexual health attitudes and practices, and to encourage respectful, consensual and non-violent client-sex worker relationships. These recommendations are based on a review of the literature and interviews conducted with researchers, activists and NGO workers.

4.1 CLEAR DEFINITIONS AND AIMS

Clearly stipulating the definitions of 'sex work' – as well as of 'sex workers' and 'clients' – that will underpin the client intervention is an essential first step of the programme design – as the core assumptions about the nature of sex work and what it means to be a client or a sex worker will drive the aims and intended outcomes of the project. While this may seem to be an obvious first step of any programme development, the highly controversial nature of sex work, imbued with moralistic assumptions and debates, means that it is likely that there are differences in, for example, how the clients are understood – including among those involved in implementing an intervention.

It is crucial that all stakeholders and all parties involved in implementing the project are aware of the exact **aims and intended outcomes of the project.** As the literature review reflects, public health interventions can differ in whether they primarily aim to provide information and education, to change client attitudes, to reduce prevalence of disease, or to change specific behaviours among target populations. It is essential to produce clear and measurable operational aims of the intended outcomes of the project; these will also determine how the project is monitored and evaluated.

The intervention will be founded in the understanding that sex work is work. The core belief that sex workers have the right to safe and healthy working environments where they are treated with respect and dignity will be the foundation of the intervention.

The approach to the client will be based on the assumption that **there is nothing inherently violent about the act of exchanging sex for money**, but that all heterosexual encounters in South Africa, both transactional and non-transactional, take place **in the context of a violent and patriarchal society**. The overarching aim of a responsible and respectful intervention programme for men who pay for sex should be to promote the safety and wellbeing of sex workers. However, the specific aims and outcomes of the project would depend on the intended target client group.

"The intervention will be founded in the understanding that sex work is work."

4.2 UNDERSTANDING THE TARGET AUDIENCE

It is important to identify and develop an understanding of the specific target client population *before* designing and implementing the programme. **International research shows that there is not one prototypical client, but rather that clients come from a varying socio-economic backgrounds and pay for sex for a variety of reasons** (Sanders, 2012). For example, in South Africa, the group of men interviewed by Huysamen (2017) differed extensively from participants in Coetzee's (2019) study on clients. Given the diversity amongst men who pay for sex, to speak of an intervention for the general 'client' may be unhelpful.

Bloem et al. (1999) and Ward et al. (2008) have both highlighted the importance of designing evidence-based interventions which have been thoroughly researched and co-designed together with sex workers. Given the lack of research available on clients in South Africa, developing an evidence base for the intervention is vital.

A profile of the specific client groups who will be the target of the intervention should be developed. This should take into consideration their intersecting social identities, such as race, class, age, level of education, and psycho-social issues – including their possible exposure to violence and trauma, as well as poverty and experiences of marginalisation and disempowerment. This will help the programme designers to identify the important issues to be addressed for that particular group of clients. Both Huysamen and Huschke and Coetzee (2019) highlighted the importance of drawing on an intersectional approach to understanding the motivations and behaviours of men who pay for sex, as well as for informing questions of power within the client-sex worker relationship.

"The importance of including mental health interventions in an intervention programme for clients who present a complex set of psycho-social issues."

According to Coetzee (2019), the clients in her study were a group of violent men with a set of complex psycho-social issues which included very complicated mental health issues. She argued that only education around HIV would be inappropriate for this particular group of men. Coetzee stressed the importance of including mental health interventions in an intervention programme for clients who present a complex set of psycho-social issues. Conversely, Huysamen (2017)

highlighted how many of men's desires to pay for sex are discursively produced, and thus suggested that challenging common heteronormative patriarchal assumptions about masculinity and femininity would be an essential part of any intervention programme.

The content and focus of an intervention programme will thus depend on the carefully considered profile of the particular client group, as well as the resources available for the intervention.

4.3 CHALLENGING THE 'WHORE' STIGMA

Sex work remains highly stigmatised across the world – particularly in South Africa where sex work is criminalised. The negative effects of stigma, particularly on sex workers, is well documented (Huschke & Coetzee, 2019).

While the stigma associated with sex work in South Africa is best addressed through the decriminalisation of sex work (Huschke & Coetzee, 2019; Huysamen & Boonzaier, 2018; Mgbako, 2016), client interventions should also be designed to play a part in challenging stigmatised understandings of sex workers. Client intervention programmes which shift responsibility for HIV prevention from sex workers onto a shared responsibility between clients and sex workers can, in and of themselves, be seen as resisting the stigmatised representations of sex workers (Huschke & Coetzee, 2019).

The intervention programme must not unintentionally reproduce stigmatising constructions of sex workers as vectors of disease or as 'high risk' populations when delivering information on sexual health risks and HIV prevention. This might be most easily achieved by providing information about sexual health risk and strategies for safer sexual practices that relate to *all* heterosexual interactions, rather than providing examples, statistics, information, and suggestions that are specific to sex work.

Huschke and Coetzee (2019) argued that addressing 'whore stigma' in client interventions is essential for reducing violence against sex workers. They argued that this stigma can lead to a disregard for, and even dehumanisation of, sex workers by clients (and by other groups of people). As outlined earlier, Huysamen (2017) argued that this construction of the 'whore', who does not need to be respected and can be treated violently, is not reserved for sex workers alone (although they suffer more than most women under this construction). Huysamen argued that this is part of a broader patriarchal discourse that splits women into either 'good/respectable/clean' or 'bad/promiscuous/dirty' women. It is these dualistic constructions of femininity – which are

"The intervention programme must not unintentionally reproduce stigmatising constructions of sex workers as vectors of disease or as 'high risk' populations when delivering information on sexual health risks and HIV prevention. This might be most easily achieved by providing information about sexual health risk and strategies for safer sexual practices that relate to all heterosexual interactions."

intersected by race, class and coloniality – that render some women's bodies as undeserving of respect and, in fact, as 'un-rapeable' (Boonzaier, 2017; Gqola, 2015). These dualistic constructions of female sexuality police all women's bodies, limit their sexualities and continue to stigmatise (and endanger) women who sell sex (Huysamen, 2017).

Client intervention programmes should challenge this dualistic construction of women in society. Interventions should help men (and women) to develop more complex understandings of women's sexualities and sexual desires, where women's respectability and value are not determined by their sexual desires and practices. Drawing on Huysamen's (2017) research, interventions that help men (and women) understand that, for example, 'respectable' wives can engage in 'porn star sex', and that sex workers can be 'respectable' wives, would be important in challenging damaging 'whore' stigma.

4.4 THE IMPORTANCE OF LANGUAGE

Wortley et al. (2002) highlighted the importance of the language used in the intervention; that those who were least proficient in English and had the lowest educational attainment were least likely to show increased learning as a result of interventions conducted in English – especially highly technical English. This highlights **the value of producing an intervention programme which is delivered in the target population's own language** and pitching it at a level at which they are most likely to be able to engage.

4.5 THE ISSUE OF CONSENT: DEVELOPING THE RESPONSIBLE CONSUMER

In addition to providing information about sexual health, Sanders (2012) argued that interventions should promote 'respectable behaviour and good practice' amongst clients. **Educating men about the contract that should be in place between a client and a sex worker, and addressing issues of consent, should be an essential element of any client intervention programme** (Sanders, 2012).

Huschke and Coetzee (2019) also highlighted the importance of addressing sex workers' full right to consensual sex within the paid sexual encounter. In their study with sex workers in Soweto, sex workers repeatedly mentioned some clients' disregard for their right of consent within sexual encounters. This disregard for sex workers' right to consensual sex and autonomy over their bodies during a paid sexual encounter is rooted in deep-seated patriarchal norms that reinforce men's sexual entitlement over women's bodies in general (Huschke & Coetzee, 2019). However, Huschke and Coetzee (2019) argued that this is particularly pertinent within transactional sex, as local 'understandings of rape do not incorporate non-consensual sex between partners who have exchanged resources'.

An intervention programme that takes a three-level approach to addressing the issue of consent is thus recommended. Firstly, broader patriarchal structures that reinforce men's sexual entitlement and dominance over women should be challenged within interventions, and more egalitarian and consensual heterosexual practices amongst men should be encouraged. Secondly, widely held assumptions should be challenged that engaging in any kind of transactional sex removes men's obligation to seek consent, and removes women's right to consent.

Finally, the intervention should help clients develop a set of skills for respectfully negotiating services with sex workers. Clients should be provided with information on what is meant by a contract with a sex worker, and the importance of respecting the sex worker's rules (Sanders, 2012). The publication for clients – "The secret guide to the Business of Sex. The in's and out's of what you need to know"[10] (given in Appendix B) – contains valuable information for clients, such as how to request and agree on a particular service, the names of different services, the importance of agreeing beforehand on the exact price and on what is or is not included in the service. This existing resource, developed specifically for the South African context, should be integrated into the intervention programme.

Sanders (2009) provided further suggestions for information which could be included in a client intervention programme in order to foster responsible clients. While they might not all be applicable to the South African context, they are worth considering. They are:

- how to identify exploited women and poor labour practices in sex work venues;
- how to choose a well-run parlour;
- issues of personal safety for clients and sex workers;
- actions to de-escalate conflict or violence;
- where to report crimes;
- addictions to sex work and where to get therapeutic help;
- how to spot money scams;
- drugs and sexual health awareness;
- facts about the law.

4.6 DEVELOPING SEX WORKER-LED INITIATIVES FOR COMMUNITY-BASED INTERVENTIONS

Following the important slogan of the Sisonke National Sex Worker Movement in South Africa, 'Nothing about us without us', the design and implementation of the client intervention programme should include sex workers. As a primary aim of an intervention should be to make sex workers safer, it is essential to consult with sex workers as they understand better than anyone what would make their interactions with their clients safer and more respectful.

Clients are considered a 'hard-to-reach' population. As sex workers have an extensive understanding of the clients in the areas where they work, they may be well positioned to identify and assist with reaching clients. Bloem et al. (1999) worked with sex workers in India to collect data to help profile clients while Coetzee (2019) used a chain referral method to recruit participants whereby sex workers gave three of their clients 'coupons' with information about participating in the study. Sex workers were involved in designing the recruitment approach and the 'coupons'. Lau et al. (2009) also involved sex workers in China in various phases of the research process, including developing material for the intervention.

These examples reflect some ways in which sex workers can be involved in developing client interventions. A participatory approach, driven by sex workers, is recommended for the development and implementation of a client intervention in South Africa.

10 Sonke Gender Justice. "The secret guide to the Business of Sex. The in's and out's of what you need to know." September 2017. Available from: https://genderjustice.org.za/publication/health-safety-guide-clients-sex-workers/

4.7 ESTABLISHING POSITIVE RELATIONSHIPS WITH SEX WORK VENUE OWNERS

In South Africa, taverns, brothels and some massage parlours (depending on the context) are important contexts for accessing clients. **Interventions should include building trust and a strong collaborative relationship with tavern and brothel owners in order to establish more respectful and healthier cultures amongst clients.**

Reflecting on their intervention in China, Lau et al. (2009) highlighted the value of working with sex work venue owners to establish safer and more respectful sexual practices among clients. Helping tavern and brothel owners understand how safe and more respectful client practices can be good for their business, would help to foster collaborative relationships with them.

"Interventions should include building trust and a strong collaborative relationship with tavern and brothel owners in order to establish more respectful and healthier cultures amongst clients."

4.8 PEER EDUCATORS FOR COMMUNITY-BASED INTERVENTIONS

The positionality of those interacting with clients and delivering the intervention should be carefully considered. Given the potentially sensitive and stigmatised nature of paying for sex, interventions are likely to be better received by clients if they are delivered in non-judgemental ways by people who they can relate to. A number of studies reviewed situations where peer educators were trained to deliver interventions, with varying degrees of success. Coetzee (2019) found that the men in her study disclosed sensitive information around their perpetration of violence and experiences of trauma, which she attributes partly to their careful selection of the interviewer, who matched the race and gender of the participants, and who was a little younger than the client group.

Huschke and Coetzee (2019) argued that there are many clients in South Africa who do engage in respectful practices sex workers. Recruiting clients who have been identified by sex workers as non-violent and respectful as peer educators in community-based interventions may instil and reinforce positive norms among clients (Huschke & Coetzee, 2019). Similarly, a peer education programme in Malawi aimed at not only promoting risk-reducing behaviours, but also at maintaining low-risk behaviours (Walden et al., 1999). **Working with clients as peer educators to build upon, and promote, existing positive behaviours and resources amongst clients is strongly recommended.**

"Working with clients as peer educators to build upon, and promote, existing positive behaviours and resources amongst clients is strongly recommended."

4.9 CONSIDERING EMOTIONAL NEEDS

Men who pay for sex, like any other group of men, may present a variety of emotional needs and experiences of emotional distress. Moreover, given that sex work is highly stigmatised in South Africa, it is likely that some of the men might have experienced feelings of shame and stigmatisation, which can also cause emotional distress. Coetzee's research suggested that some clients may present complex psycho-social issues.

Even if an intervention programme is not primarily designed to be therapeutic, those implementing the intervention should be equipped to address or manage incidents where clients express emotional distress, or alternatively have a strong referral system in place should such issues arise. The failure to recognise and attend to the emotional needs of clients has been a critique of various interventions (see Sanders, 2012; Sawyer et al., 2001).

Coetzee (2019) noted the importance of including a debriefing component in the intervention for peer educators, or for those implementing the intervention. She noted that the interviewer in their study was exposed to distressing stories and information and needed debriefing afterwards. While this may not be the case with all client groups, before implementing an intervention it is advised to anticipate the needs of clients and educators in terms of debriefing and psychological support.

4.10 CONSIDERING STIGMA AND ANONYMITY

No intervention should pose a risk of exposing men's identities as clients. This is particularly important in South Africa where sex work is criminalised and highly stigmatised.

Research suggests that men who pay for sex do so largely in secret (Huysamen, 2019a). Exposing men as clients of sex workers can have major implications for their relationships, employment and social status; it can have legal repercussions and might lead to the stigmatisation of their families.

4.11 THE RELATIONSHIP BETWEEN RISK COMMUNICATION AND RISK PERCEPTION

Risk awareness and knowledge about safer practices might not translate into safer sexual practices if an individual does not perceive themselves to be at risk.

The literature highlights the important consideration that risk awareness does not necessarily equate to risk perception (Huysamen & Boonzaier, 2018; Lau et al., 2009). While clients were aware of the health risks associated with paying for sex, they believed that it was 'other' kinds of clients – who bought sex in different kinds of venues, from 'other' kinds of women etc – who here vulnerable to HIV (Huysamen & Boonzaier, 2018). **Interventions must not only focus on educating men about the risks associated with paying for sex, but should also address they ways in which they are likely to externalise these risks through the process of 'othering'.**

"No intervention should pose a risk of exposing men's identities as clients."

RECOMMENDATIONS FOR CLIENT INTERVENTIONS IN SOUTH AFRICA

5. RECOMMENDATIONS FOR CLIENT INTERVENTIONS IN SOUTH AFRICA

Based on points presented in this report, the following recommendations are made for developing a respectful sex worker-driven community-based client intervention that aims to foster safer sexual health attitudes and practices, and to encourage respectful, consensual and non-violent client-sex worker relationships.

1

Start with clear definitions and aims

Clearly stipulate the definition of sex work – and of sex workers and clients – that will underpin the intervention; communicate clear and measurable operational definitions of the intended aims and outcomes of the project to everyone involved in design and intervention.

2

Develop an understanding of the client group targeted for the intervention and build an evidence base for the intervention

Clients are not an homogenous group. Identify and develop an understanding of the specific client target population before designing and implementing the programme. Develop an evidence base for a client intervention.

The overarching aim of a responsible and respectful intervention programme for men who pay for sex should be to promote the safety and wellbeing of sex workers.

3

Challenge the 'whore' stigma

Do not unintentionally reproduce stigmatising constructions of sex workers as vectors of disease or 'high risk' populations. Provide sexual health information that relates to all heterosexual interactions, rather than providing sex work-specific examples, statistics, and information.

Challenge the dualistic 'Madonna/whore' constructions of women in society and help men develop more complex understandings of women's sexualities and sexual desires.

The importance of language

Present intervention material in clients' own language and at a suitable level.

4

5

The issue of consent: develop the responsible consumer

Challenge broader patriarchal structures that reinforce men's sexual entitlement and dominance over women. Challenge the assumption that sex work removes men's obligation to seek consent and women's right to consent. Help clients develop a set of 'good practice' skills for respectfully negotiating services with sex workers.

6

Develop sex worker-led initiatives for community-based interventions

Following the important slogan 'nothing about us without us', ensure the design and implementation of the client intervention programme is driven by sex workers.

7

Establish positive relationships with sex work venue owners and other 'gate-keepers'

Engage brothel and tavern owners and managers in establishing a culture of respect amongst clients.

8

Utilise peer educators for community-based interventions

Consider the positionality of those administering the intervention in relation to the clients. Recruit non-violent and respectful clients into community-based interventions as peer educators to build upon and promote existing positive behaviours and resources amongst clients.

9

Consider emotional distress; be equipped to attend to the emotional needs of educators and clients

Consider the possibility that either clients or educators may experience emotional distress and ensure that the intervention has the capacity to manage and respond to emotional distress.

10

Consider stigma and anonymity

Buying sex is highly stigmatised – and is illegal in South Africa – and many men pay for sex in secret. No client should be at risk of being exposed for purchasing sex as a result of the intervention.

11

Understand the complex relationship between risk awareness and risk perception

Risk awareness and knowledge about safer practices might not always translate into engaging in safer sexual practices if an individual does not perceive themselves to be at risk. Interventions should acknowledge and address the ways in which clients may externalise risks related to paying for sex through the process of 'othering'.

CONCLUSION AND NEXT STEPS

6. CONCLUSION AND NEXT STEPS

Sex worker clients are a much neglected population in health and wellbeing interventions. By drawing on the available literature, this report has outlined a number of key recommendations for the design of a sex worker client programme appropriate for the South African context.

Appendix A sets out an example of possible client intervention curriculum, drawing on the recommendations of this report, while Appendix B contains educational material developed for sex worker clients.

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APPENDICES

APPENDIX A:

AN EXAMPLE OF TRAINING MODULES ABOUT CLIENTS OF SEX WORKERS: UNDERSTANDING THE BUSINESS OF SEX WORK

As sex work in South Africa is criminalised and highly stigmatised, interventions are complex and difficult to design and implement. Working with clients of sex workers is particularly difficult – as locating these men, gaining their trust and obtaining their buy-in for an intervention of any kind can be very demanding.

This material was designed for working with men generally - some of whom are, or might become, clients of sex workers. While these modules have not been piloted or refined, they nonetheless provide ideas and exercises to help participants think critically about sex work, about gender roles in relation to commercial and transactional sex, and about how stereotypes can perpetuate violence and various inequalities. They explore issues relating to how sex workers are perceived by their clients, the contracting of sex work and the impact of disrespectful contracting between sex workers and clients.

As these materials are generic and are not designed for any specific group of men, they can be used in a short standalone programme or adapted for inclusion in an existing programme which focuses on, for instance, gender issues, challenging violent masculinities - or where transactional sex and commercial sex are discussed.

PLEASE USE AND ADAPT THESE MATERIALS AS SUITS YOUR NEEDS AND, MOST IMPORTANTLY, THOSE OF YOUR PARTICIPANTS.

OBJECTIVES

The key objectives of the modules are to enable participants to better understand

- the sex work context in South Africa;
- the nature and the value of sex workers' work;
- the roles of clients as respectful service users, and the rights and responsibilities of clients and sex workers; and
- how to negotiate a clear agreement prior to the sexual act taking place, and the importance of doing so.

WHAT IS INCLUDED

- **Key terms** – which define the way various terms are used.
- **Key facts** – which give some information about what sex work is about and who sex workers are.
- **Five modules** – which comprise information, ideas and exercises which explore the business of sex work: what it is, who does it, under what conditions, and why.

  They are:

  1. UNDERSTANDING THAT SEX WORK IS WORK
  2. DEFINING SEX WORK
  3. NAMING SEX WORKERS AND SEX WORK
  4. CLIENTS OF SEX WORKERS
  5. CONTRACTING WITH SEX WORKERS

SOME TIPS

Selecting facilitators

- Make sure you find facilitators who are suitable for the participants; that they are recognisable by them and they are able to work with the participants' views and ideas.
- The facilitators must be able to relate to and understand the sex work context and issues in South Africa.
- Some programmes have had success in employing and training sex workers or sex worker clients as facilitators.

Preparing facilitators

- As we all unconsciously reveal our values when we speak and interact with others, it is really important that, as facilitator(s), we are aware of our own views. Ideally we should be able deal with issues in a more complex way than simply the 'good-bad' type of labelling that can occur – e.g. it is not helpful to say that "all women are victims and all men are perpetrators". Make sure that the facilitators are self-aware – and that they identify their own views that they may need to be careful of when facilitating.
- Discuss beforehand what the facilitator's approach might be when participants present (unconscious) prejudices and stereotypes during discussion. How do they use these as a learning opportunities without shaming the participant; how do they avoid imposing 'correct' language while still pointing out that the terms are not helpful (e.g. they might refer to 'prostitutes' while 'sex workers' is the preferred term)?
- Discuss beforehand what the facilitator's approach might be when participants present prejudices and stereotypes consciously, in ways that may be confrontational or, at least, stubbornly held onto.

Preparing for particular participants

- In the invitation - and in the ways that the training or intervention begins - make sure participants are reassured that the session will not include blame, stigma or shame. Even though there may be difficult moments, these are about learning and not judgement.
- As you will need to customise and adapt the material for each particular group of men, think about who they are with respect to the focus of your programme: what might they already know and have experienced, what views might they hold; what assumptions might they tend to make?
- Ideally check *your* assumptions about the participants before you start customising the design.

  One option is to have them complete a short pre-workshop questionnaire which asks about their views on, for instance, sex and gender roles and sex work. Be clear that the survey is anonymous and is only to help you design the workshop.

  Where a survey is not suitable for the group you intend working with, perhaps have the facilitator meet with some participants to find the answers to some of these questions. If you really can't access potential participants, write down your assumptions about the participants and check them with someone else.

- Once you have an idea of the participants, reaffirm the purpose of your programme. Think about how you will provide learning that moves the participants from where they are towards your goals. Also identify what the main 'take-home' messages are that you would like for this group - and think about how you might get them there.

Customising the material

- Decide which language(s) to use – and consider using local terms (making sure they are not prejudiced stereotypes).
- If using English, make sure it is accessible to your participants. While these modules have been written for facilitators who are comfortable in English, you may need to adjust how some things are said.
- Use examples that are recognisable to the participants – and, ideally, ask them to provide examples and stories. It is always useful to make this safer by asking them to talk about a friend or someone in their community who thinks/ has done XYZ. This way, if they want to, they can tell their own stories without feeling exposed.
- Be realistic about what is possible in the time available. Remember that adults have to un-learn before they can learn – both cognitively and emotionally – and that this takes time. We have given some indication of how long activities might take, but if you think you need longer, change this. If you end up going faster on the day, that's fine – but having to rush defeats the purpose. Rather cover less material properly.

Dealing with sensitivity and conflict

- It would be unusual if there were not differences of opinions among participants – and in a good workshop these are expressed!
    - Encourage participants to share their opinions in a respectful way. Highlight how our different upbringings and life experiences result in our having different points of view – which is normal and OK.
    - Note that disagreement is usual and ask that they allow people to say things that might be controversial. Ask that they listen to each other and then make up our own minds – changing their views if they need to. After all, learning is about new things, some of which can be uncomfortable!
    - Ask that they do not try to convince each other that they are right.
- You might also want to develop agreed ways of asking someone to stop talking if they are going on too long / dominating or repeating what someone has said. Perhaps orange and red cards, as used in soccer?
- As there is stigma attached to using the services of sex workers some participants may not feel comfortable discussing these matters in a group. The depth of the conversation will therefore depend on the nature of the group and the level of trust established between the participants. Don't push people if they do not want to speak. You can have participants reflect on some of the points personally without having to share their experiences.

- Some participants may become upset by the material being discussed. If this happens, do not go into the details of their past difficult experiences. Rather acknowledge them and recommend they seek assistance; offer to provide contacts details during a break of people they could speak to. It will be useful to have the number of suitable referrals - like Lifeline or other counselling services.

Using materials

- Some key terms (definitions) and key facts have been provided on the next few pages. The suggestion is that you write these up as "info sheets" and put them up on the walls after they are discussed, as indicated in each module.
- These should help to clarity the terms and facts and should allow you to build on some common understanding as the modules progress.
- You could also make A4 handouts of the key terms and key facts if you think this would be useful for your participants. But only give them out AFTER each discussion.

"Learning is about new things, some of which can be uncomfortable!"

KEY TERMS

The following definitions should guide the way terms are used in the sessions. They are listed in the order in which they are used.

Sex work is broadly defined as the agreed exchange of money for sexual services, or sex-for-reward. It specifically refers to adult, consensual sex. The money is usually negotiated upfront. While sex work usually involves an adult man paying an adult woman to have sexual relations with him, there are many other options which include men having sex with men, and transgender people.

Sex workers are women, men and transgender people (anyone) who receive money or goods in exchange for sexual services, and who consciously define those activities as income-generating, even if they do not consider sex work as their occupation and others do - it is not currently defined in South African law. [11]

Transactional sex is where sex is exchanged for material benefits (air time, food, gifts, transport) rather than cash. The exchange is not usually negotiated upfront but often depends on unstated assumptions – while with sex work, the nature of the exchange should be clear beforehand.

Human trafficking is when a person is coerced or deceived and moved to another place for the purposes of exploitation. The exploitation can, but does not necessarily, include coerced sex.

11 Government of South Africa. (2020). National Strategic Plan on Gender-Based Violence & Femicide: 2020 – 2030.

Prejudice refers to a negative attitude or belief about someone on the basis of their membership of a particular group defined, for example, by their 'race', economic status, gender, sexual orientation, occupation etc. Central to prejudice is that assumptions are made about individual people without even knowing them. Prejudices are often based on harmful stereotypes.

Stigma is when blame or negative attitudes are imposed on someone for something they are thought to have done (like sex work) or a condition or quality they have (like being HIV-positive). It is a form of prejudice and is often enacted through gossip, social interaction/ isolation and, sometimes, violence.

Discrimination refers to negative behaviour – an action or set of actions - towards someone because they belong to a particular group, or are deemed to have done something, or have a quality of something, that is 'unacceptable'. Discrimination often enacts prejudice and stigma.

Gay or lesbian refers to an individual who is sexually, emotionally and/or romantically attracted to someone of the same gender. Lesbians are women who are attracted to women. While 'gay' was once used to signify men who are attracted to men, it is now used more broadly, and often interchangeably with 'homosexual'.[12]

Transgender is a term used to describe a person whose gender identity does not "match" their biological sex. Transgender people are born with typical male or female anatomies but feel as though they've been born into the "wrong body". This is a gender identity, not a sexual identity.[13]

A ***client*** is a person who pays a sex worker for a sexual service.

Consent is an exercise of choice; a voluntary or unforced agreement to do something, like engage in sexual activity with another party. Consent is an ongoing process and can be withdrawn at any time. Consent to engage in sexual activity is compulsory in every sexual act. It always matters and should not be assumed, regardless of the relationship status and irrespective of previous sexual activity with the other party.[14]

Gender-based violence is violence against another person because of their gender. The violence can be physical, sexual, psychological, economic or cultural. While GBV is largely experienced as violence against women, it can affect all people, including men, and gay, lesbian, bisexual, transgender, queer and intersex (LGBTQI) persons.[15]

Sexual violence/abuse is a broad category incorporating various forms of sexual violence, including, but not limited to, rape, sexual assault, sexual harassment.[16]

Sexual assault is the sexual violation of person A by person B without person A's consent.[17]

12 Sonke Gender Justice and Health-E News. (2017). *Reporting on gender-based violence: A Guide for journalists and editors*. Sonke Gender Justice and Health-E News, Cape Town: South Africa.

13 Sonke Gender Justice and Health-E News. (2017). *Reporting on gender-based violence: A Guide for journalists and editors*. Sonke Gender Justice and Health-E News, Cape Town: South Africa.

14 Government of South Africa. (2020). National Strategic Plan on Gender-Based Violence & Femicide: 2020 – 2030.

15 Sonke Gender Justice and Health-E News. (2017). *Reporting on gender-based violence: A Guide for journalists and editors*. Sonke Gender Justice and Health-E News, Cape Town: South Africa.

16 Sonke Gender Justice and Health-E News. (2017). *Reporting on gender-based violence: A Guide for journalists and editors*. Sonke Gender Justice and Health-E News, Cape Town: South Africa.

17 Sonke Gender Justice and Health-E News. (2017). *Reporting on gender-based violence: A Guide for journalists and editors*. Sonke Gender Justice and Health-E News, Cape Town: South Africa.

KEY FACTS

Who are sex workers?

- Sex workers come from diverse backgrounds; there is no demographic profile that describes all sex workers, although there are some common factors:
    - Most sex workers are female and heterosexual, with much smaller groups of male and transgender sex workers.
    - Male sex workers are more likely to identify as gay or bisexual and their clients are predominantly male.
    - Some heterosexual men provide sexual services to other men in exchange for money.
- Sex work is the main source of income for most sex workers – and they are often breadwinners in their families.
- Sometimes people also practice sex work alongside other forms of work, in order to earn extra money.
- Some sex workers are migrants – either from other provinces within South Africa or from neighbouring countries. Many have travelled to look for economic opportunities.
- Some migrant sex workers intended doing sex work while others only decide to do so once their circumstances required it and /or the opportunity presented itself.

Why do people decide to do sex work?

- People sell sex for the same reason as people work as cashiers, as researchers or computer experts – to make money, and to provide for themselves and for others.
- Some sex workers have children; on average, a female sex worker in South Africa supports four other people – adult and child dependents.
- The sale of sex is a regular income-generating practice for many people in South Africa.
- Some sex workers sell sex as their options are very limited. In South Africa unemployment is very high and there are not many options for women who do not have qualifications.
- Some people sell sex as they can work flexible hours and can be their own 'boss' – unlike being a cashier or manual worker.
- It is particularly difficult for migrant women to find work in South Africa where legal documentation is hard to obtain.

Sex work in SA

- There are currently between 150,000 and 180,000 sex workers in South Africa.
- Sex work is illegal in South Africa. People buying or selling sex (the client and the sex worker) are committing a criminal offence under Section 20(1A)(a) of the Sexual Offences Act of 1957 and Section 11 of the Criminal Law (Sexual Offences) Amendment Act of 2007.
- However, following years of campaigning by civil society organisations, including organisations of sex workers, the country's *National Strategic Plan on Gender-Based Violence & Femicide: 2020 – 2030* commits to decriminalising sex work by 2024. It states that the the Department of Justice must lead the 'finalisation of legislative process to decriminalise sex work' between March 2021 to March 2024.

Who are the clients of sex workers?

- The clients of sex workers are predominantly men – though a few clients are women and transgender people.
- Clients come from all walks of life. Just as we cannot generalise about sex workers, clients are equally diverse.
- Wealthier clients usually use an escort agency or rely on the internet to connect to sex workers. Less wealthy men find sex workers on the street and in other social spaces such as taverns. But this is not a hard and fast rule.
- There are many reasons why people choose to use the services of sex workers, just as there is a variety of reasons why people choose to have sex in general.

MODULES

INTRODUCTION

If this is a standalone programme – and you are not including these modules in a larger programme – you will need an introductory session. Skilled facilitators will know how to do this, but it should at least include the following:

- An introduction of yourself – who you are as a facilitator etc as well as who you are in relation to the sex work sector.
- An overview of the programme – its main objectives and how it is structured.
- How time is allocated - and when breaks will be and, perhaps, what refreshments there are!
- Introductions of the participants (see note below).
- Development of some housekeeping rules – e.g. use of cell phones, participation; comfort breaks, confidentiality etc.
- Checking if there are any questions of clarification or any concerns about the programme and how you will work.

Ideas regarding participants introducing themselves

- Setting the tone in the introduction is really important if you are going to have participation, buy-in and, ideally, trust.
- Give some pointers regarding what participants should include when introducing themselves - like "please say where you live, which organisation you are from, one thing about yourself that you like and one thing you want to learn". Possibly ask them to answer a question, the answer to which will make participants laugh/relax (not cause embarrassment).
- Allow enough time for these introductions. Even if you give quite focussed pointers, people might take up to two minutes each. So if you have 20 participants, introductions could take 30 to 40 minutes. So schedule enough time; do not rush this or let it de-stabilise the timing of the rest of the day.

House rules regarding tolerance and boundaries

- In addition you might like to have a preliminary discussion to develop some ground rules about the importance of listening to each other, especially when participants disagree.
- Once they have offered some ideas, ensure that the following points (made in the facilitator's notes above) are included in some way:
    - Encourage participants to share their opinions in a respectful way. Highlight how our different upbringings and life experiences result in our having different points of view – which is normal and OK.
    - Note that disagreement is usual and ask that they allow people to say things that might be controversial. Ask that they listen to each other and then make up our own minds – changing their views if they need to. After all, learning is about new things, some of which can be uncomfortable!
    - Ask that that people are respectful of others' rights to have difference opinions; that they should not argue or try to convince each other that they are right.
- You might also want to develop agreed ways of asking someone to stop talking if they are going on too long / dominating or repeating what someone has said. Perhaps orange and red cards like in soccer - or having a dedicated timekeeper?

MODULE 1: UNDERSTANDING THAT SEX WORK IS WORK

Objectives: Participants gain a better understanding of how gender and people's social and economic circumstances have an impact on the work they do.

Time: 150 minutes

Materials:

√ Flipchart with paper

√ Prepared flipchart sheets with headings:

- ‘Jobs men do’
- ‘Jobs women do’
- ‘Unpaid work done by men’
- ‘Unpaid work done by women’
- ‘New learnings’
- ‘Still not sure’
- ‘Disagree’

√ Prepared flipchart sheets (plus handouts, if you want them) with text

- ‘Key term: sex work’
- ‘Key term: sex workers’
- ‘Key facts: who are sex workers?’
- ‘Key facts: why do people decide to do sex work?’

√ Presstick

√ Permanent markers / pens (thick – a number of different colours - for facilitator)

√ Permanent markers / pens (thin – one for each participant)

√ Large post-it notes – in four different colours

√ A4 paper

√ Pens

STEPS

PAID WORK *(30 mins)*

1. Divide participants into small groups - about four people per group. Give each group two different coloured post-it notes (e.g. green and blue).
    - Ask them to write down **jobs that are usually associated with men** on the green post-its and **jobs that are usually associated with women** on the blue post-its.
    - Ask them to stick them onto the two pieces of flipchart paper which you have prepared – one with the heading 'Jobs men do' and the other 'Jobs women do'.
    - If two groups have written the same job, stick the post-its close to each other.

2. Once everyone has put up their post-its, discuss what they have written.
    - Ask them why they identified particular jobs and linked them to a certain gender.
    - Comment on, and discuss, jobs that are under both genders and those that are only under one.
    - Discuss how so many aspects of society are gendered and how this can influence who has access to better paid and more senior jobs.

UNPAID WORK – WHO PAYS AND WHO DOES IT *(40 mins)*

3. Ask them to write down on a third colour post-it (pink?) all the **work that is done by men that is not paid** - and on another colour (yellow?) all the **work that is done by women that is not paid**.
    - As before, ask them to stick them onto the two pieces of flipchart paper which you have prepared – one headed 'Unpaid work done by men' and the other 'Unpaid work done by women'. Again, if they have written the same thing, stick the post-its close to each other.

4. Once everyone has put up their post-its, discuss what they have written.
    - Discuss the implications of unpaid work for anyone who does it. What are the costs of this work – and who actually 'pays' for it?
    - Ask them about the particular kinds of unpaid work they have identified and why these can 'belong' to a certain gender. Note how women generally do more unpaid work than men. Ask them why this is?
    - Note that men's roles have traditionally been to go out to work and to earn an income, while women have taken responsibility for the household and raising children. Ask them if this is still common – and why? Discuss
        - What are the disadvantages of this for women? (*e.g. they are dependent on income from men; are not independent, cannot make own decisions about money.)*

- What are the disadvantages of this for men? *(e.g. it puts pressure to earn even when work is scarce or they do not have the right skills; may not have enough time to spend with their children.)*

- Suggest that traditional gender roles have changed - reminding them that there are many single-parent households. (About 40% of mothers in South Africa are single parents and 60% of children are not being raised by their fathers.)
  - Who does the unpaid work in single-parent households? (*The parent (mostly women), older children, other adults in the household).*
  - And who does the paid work? (*The parent (mostly women), older children, other adults in the household).*

  Conclude that single-parent households mean that the parent (usually women) must do the paid and unpaid work – although they may get help from others.

- Point out that while women have moved into doing income-generating activities, men have not always moved into the domestic environment.

  Discuss what people in same-sex relationships might do about the division of unpaid work. Does this offer a model for sharing work differently in heterosexual relationships?

WORK OPTIONS *(60 mins)*

5. Ask participants to talk to the person next to them, and to write down together
   - what men with limited employable skills can do when they are unemployed and in need of money, and
   - what women with limited employable skills can do when they are unemployed and in need of money.

Have each pair report their ideas to the group; write them on the flipchart, again differentiating between the options open to men and women.

- Discuss the possible gendered nature of opportunities available to those with limited employable skills.
- Note that one of the main options for women is domestic work, but this is often poorly paid and can be exploitative.
- Also note that the traditional expectations of men to be the breadwinners puts particular stress on unemployed men with few employable skills.
- Note that some people are even more vulnerable than others, such as migrants from rural areas and neighbouring countries.

6. Suggest to the group that **sex work is one of the choices available to people with limited employable skills**:
   - Despite it being unsafe (which is largely due to its criminalisation), sex work can enable a woman to earn more money than domestic work.
   - The flexible working hours are helpful to those responsible for raising children. Sex work is one of the few jobs where they can decide their own working hours – and be their own bosses.

7. Ask the participants for key words that can be used in **defining 'sex work'** (like 'payment', 'client' etc) – and write them up on the flipchart. (They might also give words for sex *workers*: park these on a second flipchart for use in the next module).

   Then put up the prepared flipchart 'key term: sex work' - and distribute handouts if you have them. Ask what they think of the definition and if they want to make changes to it.

8. Finally discuss whether sex workers are only women with limited employable skills.
   - Discuss why women with skills that could get them formal jobs might choose to do sex work instead.
   - Then point out that there are sex workers from all walks of life, including university students who want to earn money as well as graduates who find it a useful way to earn money (like the flexible hours, being their own boss etc).

9. As a summary, put up the prepared flipchart sheets (plus distribute the handouts, if you have them) – and have volunteers read them and, perhaps facilitate questions etc.
   - key term: sex workers
   - key facts: who are sex workers?
   - key facts: why do people decide to do sex work?

If you like, summarise the key points

- There are cultural and economic factors that can impact on our opportunities and choices regarding how we can earn a living. These can be different for men and women – but sometimes they are similar.
- Increasingly women have to do both paid and unpaid work.
- Sex workers are often bread winners. The lack of many employable skills can be hard for anyone – but it particularly hard on single parents, most of whom are women.
- While many sex workers have limited options for earning an income in a formal job, not all sex workers are from these circumstances – some choose to do sex work to earn income and for the lifestyle options it gives them.

CONCLUSION *(20 mins)*

10. In pairs / small groups have the participants identify what new things they learned from this session – and, if this is suitable, what they still are not sure of or disagree with.

- Have them report back into the large group – writing down their points on three flipchart sheets headed.
  - 'new learnings'
  - 'still not sure'
  - 'disagree'
- Commit to checking to see if the 'Not sures' are addressed in the next sessions – or offer to talk separately if that helps.
- Allow people to live with their disagreements. Again offer to talk separately to better understand what the disagreement is about – not to make them agree!

MODULE 2: DEFINING SEX WORK

Objectives	Participants understand that sex work is a valid way of earning a living and that there are many other forms of transactional sex which are not as stigmatised.
Time	120 minutes
Materials	√ Flipchart with paper √ Presstick √ Permanent markers / pens (thick – a number of different colours - for facilitator) √ Prepared flipcharts (plus handouts, if you want them) with text: • 'Key term: transactional sex' • 'Key term: human trafficking' √ Prepared flipchart sheets with headings: ○ 'New learnings' ○ 'Still not sure' ○ 'Disagree'

STEPS

1. Start by reviewing the definition of sex work from Module 1.

SEX AND REWARD *(20 mins)*

2. Ask the participants to give examples of **sex which might happen in exchange for reward, but which is not sex work** - which is called **transactional sex**. Write them up on the flipchart.
   - Once they have given all their ideas, check that they include the following:
     - When someone buys drinks or a meal in exchange for sex.
     - When the man insists on paying for everything during a date, and expects sex at the end of the evening.
     - Blesser/blessee relationships, which are often ongoing relationships – usually between an older man (the blesser) and a younger man/woman and which is and in addition to the blesser's primary relationship – where sex is exchanged for gifts like cell phone time, clothes etc.
     - Within committed relationships when men are expected to pay for certain things for their girlfriends/wives - and girlfriends/wives are expected to have sex.

- Note that
    - some of these examples draw on stereotypes;
    - sometimes men are in the position of less power when they are with wealthy/ powerful/older women;
    - those receiving material rewards for sex are not targeted or harassed by the police – even when that is the basis of the relationship.
- Put up your prepared flipchart with 'Key term: transactional sex' – and distribute handouts if you have them. Check if participants agree with it – and amend if necessary.
- Ask participants to reflect silently on whether they have had any of these kinds of interactions. If you think it OK, ask them to show by hands if they or a friend has ever had any of these kinds of interactions – assuring them that it is likely that most people have, as these are quite common.

DIFFERENCES BETWEEN TRANSACTIONAL SEX AND SEX WORK *(35 mins)*

3. Explore the **differences between transactional sex and sex work**:
    - Ask them whether or not they think the interactions they have just described are 'sex work' or not. Discuss the different opinions, asking participants why they agree or disagree.
    - Point out the similarities between sex work and other forms of transactional sex:
        - They both involves sexual acts
        - They both include a reward
        - The provider of the reward is usually male

      Ask if one is more exploitative than the other – if so, on what grounds?
    - Ask them which of these sexual interactions – of sex for exchange of any kind - should require that people are arrested and sent to jail. Why?

4. Summarise the **differences between sex work and transactional sex** – making the following points. (As you do so, add the words that are underlined to the list of key words defining sex work that you developed with them earlier, if they have not already there).
    - Sex workers will usually make a clear, upfront agreement with clients about the transaction whereas other forms of transactional sex do not always have clear agreements. Connect this to the idea of sex work being *work*.
    - Sex workers expect money as payment for the service – negotiated upfront - whereas other forms of transactional sex often involve the exchange of gifts and favours. Connect this to the idea that sex work is work and sex workers are often breadwinners in their families.
    - Sex workers are 18 years and older. In some situations involving transactional sex the blessee / female is younger than 18. This could be exploitative. Connect this to the challenges faced by many women in South Africa and the high levels of poverty and inequality.
    - Sex work is consensual. Transactional sex should also be consensual but the unstated expectations can lead to misunderstandings.

- Sex workers face much higher levels of judgement, stigma, discrimination and harassment than people who engage in other forms of transactional sex.
- Sex workers – and their clients – can go to jail; those involved in transactional sex (between consenting adults) cannot.

HUMAN TRAFFICKING – COERCION *(25 mins)*

5. Introduce the idea of human trafficking. Put up the prepared flipchart: 'Key term: human trafficking' and distribute handouts if you have them. Ask what they know about trafficking, writing up their ideas on the flipchart.
   - After the discussion, be sure they know that
     - traffickers are committing a crime when they traffick someone;
     - victims of trafficking are usually women or girls who come from particularly vulnerable circumstances;
     - victims of trafficking are not sex workers, even though they may engage in sex;
     - victims of trafficking are exploited by other people and some are forced to have sex with others against their will; they do not receive the proceeds themselves; and
     - sex workers are also vulnerable to being trafficked as that they have to work in the shadows of society given that sex work is criminalised.

CONCLUSION *(25 mins)*

6. Summarise the key points:
   - Sex work is only one form of sex for exchange; there are many other forms that are very common in our society.
   - Sex work can be more easily contracted as it is not in the social realm of favours and expectations.
   - People who are trafficked are not the same as sex workers.
   - Some people who sell sex have been trafficked; and some sex workers are vulnerable to being trafficked.

7. In pairs / small groups have them identify what new things they learned from this session – and, if this is suitable, what they still are not sure of or disagree with.
   - Have them report back into the large group – writing down their points on three flipchart sheets headed.
     - 'new learnings'
     - 'still not sure'
     - 'disagree'

MODULE 3: NAMING SEX WORKERS AND SEX WORK

Objectives	Participants understand the prejudices, stigma and discrimination associated with sex work/ers, and what keeps these negative views in place. They recognise the effects they can have on sex workers.
Time	210 minutes
Materials	√ Flipchart with paper √ Prepared flipcharts (plus handouts, if you want them) with text: • 'Key facts: sex work in SA' • 'Key term: prejudice' • 'Key term: stigma' • 'Key term: discrimination' • 'Key term: transgender' • 'Key term: gay or lesbian' √ Prepared flipchart sheets with headings: • 'Names people use for sex workers' • 'Names people use for clients' • 'Names people use for LGBTQI people' • 'New learnings' • 'Still not sure' • 'Disagree' √ Presstick √ Permanent markers / pens (thick – a number of different colours - for facilitator) √ Permanent markers / pens (thin – one for each participant) √ Large post-it notes

STEPS

WHAT IS SEX WORK? *(20 mins)*

1. Reminding them of the definition of sex work from Module 2, remind them also that it is currently **illegal in South Africa to sell or buy sex** – but that there are moves to decriminalise sex work.
   - Put up the prepared flipchart 'Key facts: Sex work in SA' – and read it out loud.
   - Ask why they think sex work has been illegal in SA. Who has benefitted from this – and who has it hurt?
   - (If you think it appropriate, you can discuss the role of religion and their roles in keeping a 'moral' social order.)

NEGATIVE ATTITUDES TO SEX WORKERS *(30 mins)*

2. Ask participants to write on post-it notes at least **two names that people call sex work/sex workers** that they know. Ask them to include local terms as well as words in local languages – and to include those that are 'rude'.

   Collect the post-its (so that participants are not linked to what they wrote) and place them on a flipchart paper headed: 'Names people use for sex workers', grouping similar ones together.
   - Ask for explanations of terms when you are not familiar with them.
   - Discuss how some of these terms are negative and demeaning. For example the words *'prostitute'* and *'magosha'* are derogatory and should not be used because of the strong stigma associated with these words.
   - Remind them that these names reflect society's views – including prejudices and stigma.
3. Repeat the exercise, having them write on post-it notes **two names for clients of sex workers**. Again collect the post-its and place them on another piece of flipchart paper, 'Names people use for clients'.
   - Note that there are fewer / less offensive terms for clients. Ask why they think that is.

PREJUDICE, STIGMA AND DISCRIMINATION *(60 mins)*

4. Briefly discuss **what prejudice, stigma and discrimination are** - then put up the prepared definitions, read them out and check if they make sense. (It is not important that people understand the differences between them – so much as that these are all negative generalisations attached to individual people which can harm them in all kinds of ways.)

5. Ask participants to tell stories about times when they have been on the receiving end of prejudice, stigma or discrimination – and how they felt.

   - After acknowledging each story and responding empathetically – ask the group why they think the prejudice /stigma / discrimination was allowed to happen. Who keeps these values in place? Why do people have these views? How does it help them; or how does it give them a sense of power or importance etc?

     (Difficult issues may arise – so the facilitator may need to hold the space compassionately but clearly.)

TRANSGENDER AND GAY SEX WORK *(40 mins)*

6. So far, the sex workers we have talked about have largely been regarded as women who sell sex to men. But women also sell sex to women. And there are sex workers who are transgender, who may sell sex to men or women; and gay and heterosexual men, who sell sex to men.

   - Clarify the terms 'transgender' and 'gay or lesbian' by putting up the prepared flipcharts with key terms: 'transgender' and 'gay/homosexual'. Read them and ask if there are other understandings of these terms – or questions of clarification.
   - 'If useful, clarify what 'LGBTQI' stands for and what it means.
   - Remind them that sex between men used to be illegal – but it is not longer, following sustained action by civil society organisations in many countries. Just over twenty years ago in 1998, the South African Constitutional Court found that the criminalisation of homosexuality was found to be unconstitutional.

7. Have people work in small groups with post-it notes and again brainstorm all the words used in SA for transgender or gay people. Put them up on the prepared flipchart 'Names people use for LGBTQI people'.

   - Identify which are negative. Discuss why some South Africans are prejudiced against LGBTQI people.
   - If useful, ask how does fear features in these prejudices?

DO WHAT I SAY, NOT WHAT I DO *(20 mins)*

8. Introduce the idea of **hypocrisy** – that people say one thing and do another.

   - Ask for examples of stories they may have heard or read regarding hypocrisy
     - General stories (e.g. 'honest' people who steal from work; a priest who abuses children)
     - regarding sex work (society says x; but people from all backgrounds use the services of sex workers.)
   - Point out that hypocrisy is doing what you want to do in contrast to who you show yourself to be (which often conforms to society's norms). So a 'good 'person is seen to do 'bad' things'.
   - The ideal is that sex work is regarded as neither good nor bad, but is just what some people do (an acceptable social norm) - be they sex workers or clients.

MAINTAINING SOCIAL NORMS *(25 mins)*

9. Check whether the participants think sex workers **'deserve' the negative labels** they are given. And LGBTQI people?
   - Ask who is interested in keeping these negative characterisations in place.
   - Conclude that negative attitudes to sex workers are well-established; that this has been the case throughout *history and in many countries*.

10. Say that there are also times in history - and currently in some countries - where sex workers are **not criminalised or discriminated against**.
    - Ask if they know of any examples of countries where sex work is not illegal.

      (Make sure you know of one country – New Zealand where sex work is decriminalised, and Germany, the Netherlands and Senegal were sex work is legalised (sex work is legal only under certain conditions) – and how sex workers are regarded there.)
    - What happens when sex work is not a secret, when it is in the open? Who does it benefit? Who does it hurt?
    - Note that negative attitudes may be difficult to change; while decriminalising it in South Africa will help, changing people's attitudes may be slow.

CONCLUSION *(15 mins)*

11. Summarise the key points:
    - Sex work in South Africa is still illegal and will continue to be so until new laws are made – hopefully by 2024.
    - There are strong interests in keeping sex work as illegal and as shameful.
    - LGBTQI people are also vulnerable to prejudice – though they are no longer criminalised.
    - Sex work is not illegal in some countries, which means sex work is safer in many ways.

12. In pairs / small groups have them identify what new things they learned from this session – and, if this is suitable, what they still are not sure of or disagree with.
    - Have them report back into the large group – writing down their points on three flipchart sheets headed.
      - 'new learnings'
      - 'still not sure'
      - 'disagree'

MODULE 4: CLIENTS OF SEX WORKERS

Objectives	Participants will understand who sex worker clients are and how their behaviour can affect sex workers, either positively or negatively.
Time	135 minutes
Materials	√ Flipchart with paper √ Presstick √ Permanent markers / pens (thick) √ Prepared flipchart sheets (plus handouts, if you want them) with text ○ 'Key term: client' ○ 'Key facts: who are the clients of sex workers?' √ Prepared flipchart sheets – with headings ○ 'New learnings' ○ 'Still not sure' ○ 'Disagree'

STEPS

WHERE SEX WORKERS WORK – AND WHO THEIR CLIENTS ARE *(50 mins)*

1. Ask participants to name the **various places where sex workers can be found, and where they work**. Write them up on the flipchart.

   Check that they have listed the following: streets; in cars; brothels; escort agencies; clubs/ nightspots; on the internet; in taverns, bars and clubs; truck stops; home.

2. Have people buzz with the person next to them regarding **who clients of sex workers may be** – their age, class, occupation etc.

   - Collect the ideas on the flipchart and discuss where there are different views.
   - Point to the diversity of the sex work industry, including the clients of sex workers.
   - Put up the prepared flipcharts 'Key term: client' and 'Key facts: who are the clients of sex workers?' and read them out loud. Distribute handouts if you have them.
   - Discuss how the different places where sex workers work tend to target different clients.
   - Ask whether some places / clients make sex workers more vulnerable than others. Point out that even in safe places there can be clients who behave negatively.

3. Again in their pairs, have participants brainstorm **the reasons why someone might choose to use the services of a sex worker**.
   - Again collect the ideas on newsprint and discuss where there are different views. Points could include the following:
     - Clients may be in need of sex as stress relief and do not have a partner.
     - Clients may be in need of company, to feel listened to or be touched, not necessarily in a sexual way.
     - The transaction can be clear and direct; there is no uncertainty about what is expected from each party. (Sometimes within 'love' relationships there is no clear understanding of each others' needs).
     - A client's partner may be ill/ disabled and the couple has agreed to his having sex with a sex worker.
     - Clients may want to learn / experience new things and see sex workers as experts.
     - Clients think they can do things with the sex worker that they cannot do with their partner (live out sexual fantasies).

THE IMPACTS CLIENTS CAN HAVE ON SEX WORKERS *(70 mins)*

4. Break the group into two. Have one group list the ways in which clients can have a **positive impact** on sex workers' lives – and the other group list the **negative impacts**. Have them report back to the whole group and discuss the points made.

   Positive impacts can include:
     - Provides her with an income
     - Have a good and fun time together
     - Feels valued for how she providers her service
     - Could sometimes develop into more intimate, romantic or friendship-based relationships (if that is what the sex worker wants)

   Negative impacts can include:
     - Not paying for the services rendered
     - Not wanting to use a condom
     - Exposing them to drugs
     - Physical abuse, including sexual abuse/ violence
     - Verbal and psychological abuse
     - Making unreasonable demands or not respecting the sex worker's boundaries

5. Have people talk in pairs about why clients may behave in negative or destructive ways. Have them report their ideas to the whole group, and write them up on the flipchart.

   Reasons for negative behaviours can include:

   - Personal /psychological issues
   - Past traumas that have not been addressed and are being taken out on sex workers because they are vulnerable
   - Unable to afford to pay but want to have sex or someone else's company
   - Are under the influence of drugs or alcohol
   - Hold sexist views; does not think consent is important
   - Do not respect sex workers and think their money buys them all kinds of rights
   - Gets sexual pleasure from exerting physical power / violence

- Back in their pairs have them discuss how these negative behaviours can impact on the sex worker - and on her family.
  1. Unable to provide for her children
  2. Affects her health and wellbeing
  3. Makes her anxious about contracting STIs and HIV
  4. Requires that she accesses health care – often from unsympathetic medical staff
  5. Damages her self-esteem.

- Again have them report their ideas - and write them up on the flipchart, this time giving each one a number (1,2,3,4, etc).

- If useful – ask them (in the plenary) to link the negative impact which each action may cause – e.g.
  - 'Cannot afford to pay but want to have sex or someone else's company' would have the negative impact of (1) and (5) - being 'Unable to provide for her children' and 'Damages her self-esteem'.

6. Ask participants to reflect (quietly and alone) on

   - whether any of the negative things describe their own behaviour or of someone they know; and
   - whether any of the reasons listed could be true in their case.

   They do not need to share these with anyone.

7. Ask them for ideas for how to reduce these negative impacts on sex workers.

   Urge them to be practical and realistic; for instance you cannot easily run workshops for men who buy sex as this is a very difficult thing to convene!

CONCLUSION *(15 mins)*

8. Summarise the key points:
    - Sex workers provide a service to their clients.
    - Sex workers are often undermined and their services are not valued because of the social stigma that is associated with sex work, the way clients behave and because it is criminalised.
    - The way that sex workers are treated by their clients impacts on their lives as well as their families who depend on them.

9. If still useful, in pairs / small groups have them identify what new things they learned from this session – and, if this is suitable, what they still are not sure of or disagree with.
    - Have them report back into the large group – writing down their points on three flipchart sheets headed.
        - ‘new learnings’
        - ‘still not sure’
        - ‘disagree’

MODULE 5: CONTRACTING WITH SEX WORKERS

Objectives	The participants will understand the importance of making clear agreements with sex workers prior to the transaction taking place – and of gaining real consent.
Time	220 minutes
Materials	√ Flipchart with paper √ Presstick √ Permanent markers / pens (thick) √ A4 paper √ Pens √ Prepared flipchart sheets (plus handouts, if you want them) with text • 'Key term: consent' • 'Key term: gender-based violence' • 'Key term: sexual violence/ abuse' • 'Key term: Sexual assault' √ 'The Business of Sex' booklets (one for each participant)

STEPS

BUYING A PERSONAL SERVICE: A VISIT TO THE BARBER *(60 mins)*

1. Ask participants to work with the person next to them and think about the most recent time they have been to the barber – and how they 'contracted' the service. (Do not over-explain – you will want to see if they include asking for the price; and if so, if they negotiate it). Say that you will want two pairs to roleplay their arrival at the barber and the contracting of the service.

2. Have two pairs role-play their transactions.
   - Have the other participants take notes of the various stages of the transaction (do not prompt them for stages to look for).
   - After both role plays map the steps together. They could include
     - The request for a particular hair cut / treatment / style
     - Discussion about products/ style etc to be clear what they want

- Agreement on the price (and possible negotiation of the price?)
- The service is performed
- The payment is made

- Debrief what happens when someone does not ask the price. If participants say there is a standard price everywhere so they don't need to ask, ask them if they think the price is the same in a fancy mall? Why/ why not?
- Comment if they did / did not try to negotiate with the barber. Ask them why / why not.

CONTRACTING SEX WORKER SERVICES *(40 mins)*

3. Discuss the **contracting of services**

- Note that the participants knew the **names for the services they wanted at the barber** – but that the names for various sexual services may not be well known. If they can't say what they want, then they can't ask for it easily or agree to a price.
- Have them read pages 5, 6 and 8 of the 'Business of Sex' booklet – or, if English is not accessible, read it out loud in English and then translate / have someone translate into the most spoken language. (Note that the booklet is available on the internet at https://genderjustice.org.za/publication/health-safety-guide-clients-sex-workers/.)
- Ask them if they know how to request these services in local languages and terminologies. Write up / have someone write up the different local terms that people use to refer to the various sexual acts between sex workers and clients.
- Ask participants to think (privately) about what services they would like to receive from a sex worker. How would they communicate what they want to the sex worker?

4. Remind them of the contracting over price in the barber role plays. Ask how they would go about finding out **the price** from a sex worker.

- Would they bargain / negotiate the price with them. Is it OK to do so? Why / why not?
- Remind them that they did / did not negotiate with the barber:
  - If they did not, then why would it be OK to do so with sex workers?
  - If they did negotiate with the barber, then how would they set a fair price, given that people are trying to earn a living.
- Ask them why they might treat the one interaction differently to the other?
  - Discuss how these transactions are actually quite similar as they are paying for a personal service that they find valuable.
  - Highlight the importance of making clear agreements with sex workers, in the same way it is necessary to have a clear agreement with a barber before the act begins, so that the barber knows how you want your hair cut and you know how much you are going to pay. Make the comparison between adding in extras at the barber e.g., a shave, or a special design - and how this will change the price of the service. It is necessary to be clear about this before the transaction starts so that everyone is satisfied in the end.
- Point out that the one difference between the barber and sex worker is that sex workers required payment beforehand, as they can easily be cheated of their money.

THE BUSINESS OF SEX *(50 mins)*

5. Ask the participants to read pages 1 – 5 in the 'Business of Sex' booklet on 'Initial agreements'. Clarify and discuss – either in the large group or in smaller groups if you think this more productive.

- After the discussion, summarise as follows:
    - Unlike transactional sex, using the services of a sex worker is a straight commercial contract - like going to the barber. Know what you want beforehand and find out the price before you access the service.
    - It is the interests of both parties to have a clear agreement beforehand:

      The client
        - can say what they want
        - will know how much it costs so will not get a fright at the price later
        - will not risk feeling that they have been cheated

      The sex worker
        - knows what the client would like and can get the payment upfront;
        - is not concerned that the client will leave without paying;
        - will be more comfortable and willing to deliver the service.
    - Do not negotiate – the price is the price, and using a condom is essential. Reflect on why some people find it easy to accept the price at the barber shop but will try and bargain for a lower price with a sex worker or try and persuade her to have sex without a condom.
    - Note how it is unlikely that someone would make unreasonable or unsafe demands of a barber, but that some clients expect sex workers to have sex without a condom even though it makes the transaction unsafe for both parties.
    - Many sex workers will request payment upfront to avoid clients leaving without paying. This is normal and it is recommended to always pay the sex worker beforehand.

POWER AND CONSENT *(30 mins)*

6. Introduce the idea of consent and power.

The idea of **consent** means that someone is free to say "yes" or "no".

- Agreement under duress – that is, when someone is using some kind of force or power to get agreement – is not consent.
- When a child does what their parent tells them what to do, they are being obedient – they are not consenting.

7. Discuss who has **power in sexual interactions and relationships.**

   (Both men and women have power at different times – depending on a range of factors.)

8. Put up the prepared flipchart 'Key term: consent'. Distribute handouts if you have them.
   - Discuss it quite fully as consent is important in all kinds of sexual relationships.

POWER AND VIOLENCE *(15 mins)*

9. Power and violence is a very important topic – but requires a set of dedicated modules to address this properly. This cannot be done here.
   - Raise the following issues with the group – almost as advocacy, rather than for discussion.
   - Put up the prepared flipcharts with key terms 'sexual gender-based violence', 'sexual violence/ abuse' and 'sexual assault'.
     - South Africa has some of the highest rates of gender-based violence and rape in the world.
     - One way that clients /men can assert power over sex workers it through violence. They are often physically stronger and, as clients, may have more social status and more money.
     - As sex work is illegal in South Africa sex workers have to work in conditions in which make them particularly vulnerable to being hurt.
     - The Sex Workers Education and Advocacy Taskforce (SWEAT) reported on the deaths of 101 sex workers in 2018 – 2019 in South Africa.[18]
     - People should not be hurt at work – or because of the kind of work they do.
     - Two consenting adults having sex where money is exchanged is not intrinsically more violent or exploitative (i.e. if it not in the nature of it) than two consenting adults who have sex without an exchange of money. Both can be equally consensual and respectful, or both can be disrespectful or violent. It is all about consent what happens within the encounter.

18 Vidima, N, Tenga, R, & Richter, M 2020, #SayHerName: Sex worker deaths in South Africa - 2018-2019, Sex Workers Education and Advocacy Taskforce, Cape Town.

If you want to include a module on **gender, power and violence**, there is very useful material in the training manual 'MenEngage – Engaging men and boys to address gender equality' available on the Sonke Gender Justice website at https://genderjustice.org.za/publication/menengage-training-manual/. It comprises the following activities:

1: How we learn violence
2: Violence against women in daily life
3: Consent vs coercion
4: Violence clothesline
5: The cycle of violence and men (perpetrator, victim, witness)
6: Values around gender, alcohol and violence
7: Romantic relationships, loving relationships
8: Healthy and unhealthy relationships
9: The cycle of violence in intimate relationships
10: From violence to respect in intimate partner relationships
11: Controlling relationships
12: Attitudes – choose your spot

CONCLUSION *(25 mins)*

10. Summarise the key points:

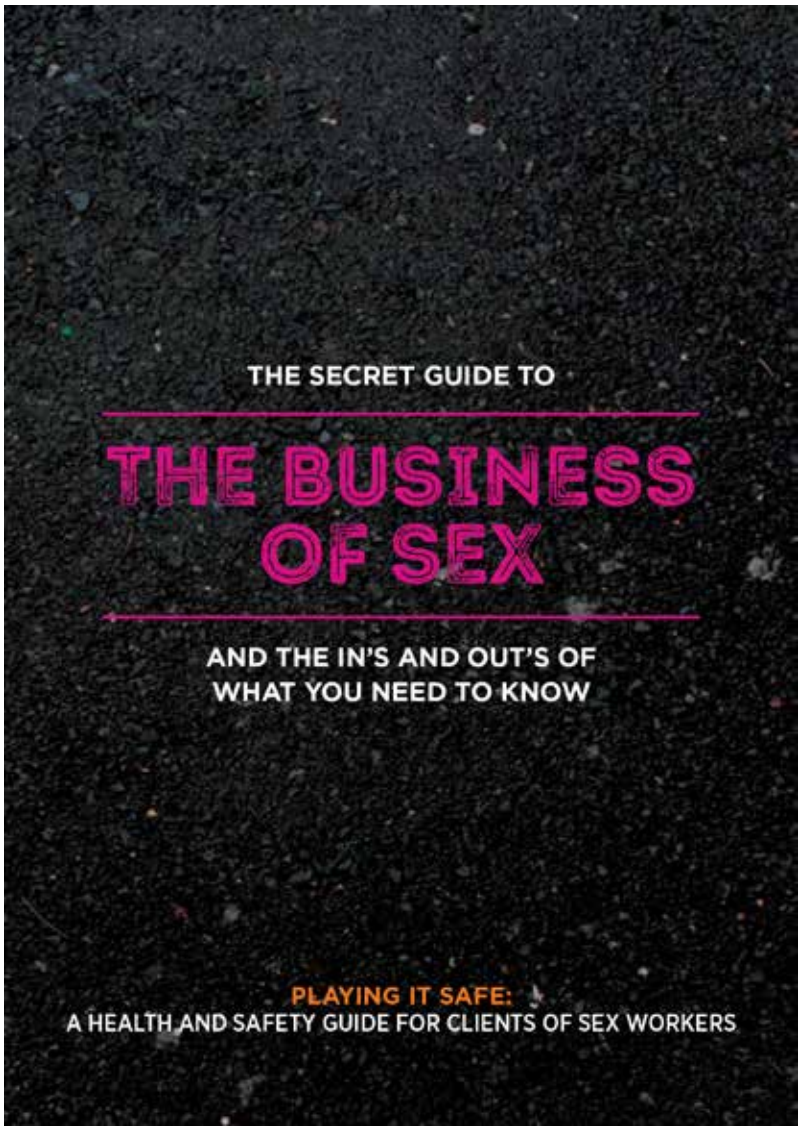
- Sex work is a commercial transaction between a service provider and a client.
- As with all commercial transactions, it is useful to make a clear agreement prior to the transaction taking place to ensure that everyone is aware of what to expect. In this way it is more likely that all parties are satisfied in the end.
- Consent cannot be reached with a client who exercises his power and/or violence over the sex worker.
- Sex work is not violent by its nature, but sex workers are vulnerable to being hurt, given the conditions in which they have to work.

11. **Close the whole workshop**

- Do a light review the 'new learning', 'still not sure' and 'disagrees'. Say that learning is an ongoing process and may well go on after the workshop as they think about things.
- Ask the participants to reflect on something that they had not thought of before, something that was eye-opening or unusual, and share it with one other person.

APPENDIX B:

CLIENT BOOKLET: THE BUSINESS OF SEX



THIS HANDBOOK IS MAINLY FOR CLIENTS OF SEX WORKERS.

The purpose of the handbook is to create a safe space for sex workers and their clients to discuss and agree on their business.

Its content is shaped by the knowledge and experience of sex workers, sex worker clients and others in and around the sex industry in South Africa and beyond. Information came from research done with female, male, and transgender sex workers, as well as clients in South Africa and beyond.

'Sex work' in this booklet refers to adult, consensual sex for a pre-agreed payment or reward. It does not include trafficking or child sex work, which are human rights abuses.

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Sonke Gender Justice, 2017 (www.genderjustice.org.za)

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- Stella, l'amie de Maimie (Québec, Canada) http://chezstella.org/en/ . We would like thank Stella in particular for the use of the Q+A section that we reproduced and adapted from "Dear Client".
- Clients of Sex Workers Allied for Change (CoSWAC) https://sexworkclients.org

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MOST ESSENTIAL LESSONS

Respect sex workers

Negotiate payment and service up front, before your session

Practice **safer sex**

WHY ARE GUIDELINES FOR CLIENTS OF SEX WORKERS IMPORTANT?

All aspects of sex work are currently criminalised in South Africa, in terms of the Sexual Offences Act 23 of 1957, the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, and various municipal bylaws. It is illegal for sex workers to sell sex and for clients to buy sex. In effect, criminalisation makes sex work unsafe: sex workers are publicly and personally stigmatised and discriminated against. They are also regularly abused by some police and often not given access to legal services and health care. In addition, clients fear arrest by the police. People in the sex work industry are therefore forced to act in secret, which makes it unsafe for everyone.

Sonke Gender Justice ('Sonke') is a South African human rights non-governmental organisation that promotes the decriminalisation of sex work. Decriminalisation is the removal of all criminal laws relating to the sex industry. When sex work is decriminalised, it is not a crime to sell or buy sex, to keep a brothel or live off the earnings of sex work in any way. Taking the crime out of selling and buying sex will certainly make sex work much safer, because sex workers and clients would not always be avoiding the law. Research also shows that decriminalising sex work improves public health because sex workers and clients can then use health services and get condoms easily.

Whether or not the state makes it against the law or not, sex work will not go away. So while Sonke does not promote breaking the law, we believe in a 'harm reduction approach'. This means that it is really important to provide information to everyone in the sex industry – sex workers as well as clients. This handbook is therefore written with health and human rights in mind. It promotes safer and more respectful encounters between clients and sex workers, resulting in sex work that is safer for all.

UNDERSTAND THE LINGO

SEX WORK

Sex for reward.

A service provided to a client where the exchange of sex, sexual acts and/or intimacy are negotiated for payment. The term 'sex work' is preferred to the term 'prostitution', a word that is often used to hurt and insult.

SEX WORKER

Female, male and transgender adults over the age of 18 years who sell sex in return for payment or reward.

CLIENT

A person who pays for sex. A client can be female, male, LGBTI (lesbian, gay, bisexual, transgender, intersex), a single person or a couple. Basically, anyone can be a client.

TRANSGENDER/TRANS

A transgender man is a person who sees himself as male, but was born female. Similarly, a transgender woman is a person who sees herself as female, but was born male.

ING

"QUICKIE"

+/- 10-20 minutes of service from the sex worker (the service given is generally measured by the amount of time spent with the client)

"SHORT TIME"

+/- 30 minutes of service from the sex worker (the service given is generally measured by the amount of time spent with the client)

"ALL NIGHT"

The sex worker stays with the client until the next morning (the service given is generally measured by the amount of time spent with the client)

"FULL HOUSE"

All sexual services are offered, including penetrative sex (the emphasis is generally on the service rather than on the time spent)

UNDERSTAND THE LINGO

"TOP" OR "BOTTOM"

Male clients of male sex workers will often ask whether the sex worker is a 'top' or a 'bottom':

'TOP' = gives penetration and takes the active role

'BOTTOM' = receives penetration and takes the passive role

'VERSATILE'= either top or bottom

"BDSM"

Bondage, Discipline, Sadism and Masochism (i.e. Masters and Slave) – sometimes known simply as S&M (Sadism and Masochism)

"BAREBACK"

Sex without a condom

*Note: these are general terms. Some sex workers may use different words or give different meanings to these terms. So it is always important to ask and fully understand the terms before agreeing to have sex.

"BLOW JOB"

Oral sex

SAFER SEX

Sex using a condom and/or without penetration

SEX WORKERS ANSWER SOME OF YOUR BURNING QUESTIONS

Perhaps you have asked some of the questions below, yourself. This section aims to answer some of these questions!

You know that sex work is work. Like any other type of work it is a job that provides an income. It is also work done by people of all different ages, races, cultures, and personalities. Sex workers also differ in the type of sex work that they do. Each sex worker has a distinctive style and way of working.

Here are some typical questions with answers provided by sex workers:

WHAT WILL SEX WORKERS DO AND WHAT ARE THEIR LIMITS; ALSO, WHAT WILL THEY REFUSE TO DO?

No two sex workers are alike. The sex industry is made up of individuals. Each sex worker establishes her/his own rules and limits and some will do some things while

others may not. As a client, you need to ask clearly in advance what type of services you would like to receive. Afterwards, the sex worker you are doing business with will tell you what s/he will do to meet your needs. S/he will also clearly tell you what her/his limits are. Our limits are what the word says: the limits. And you must respect them.

If the sex worker you are with will not provide the services you would like: (a) you should accept the services s/he is willing to offer; (b) you must respect her/his limits and (c) you must not insist. You can always contact another sex worker.

IS IT POSSIBLE TO HAVE SEX WITHOUT A CONDOM?

We are always very surprised by this request. A lot of clients seem to forget that it is in their own interest to use a condom, not only to protect themselves but also to protect their partners against sexually transmitted infections (STIs), including HIV. STIs are common and it is impossible to know if a person is infected by simply looking at her/him. Using a condom is a part of our work. They protect us and protect you as well. We insist on their use. It is also in your best interest.

DO SEX WORKERS HAVE HIV/AIDS AND STIs (SEXUALLY TRANSMITTED INFECTIONS)?

Our bodies are our main working tools and we try to take the best care of them. Just like other sexually active people who have more than one partner, we care about having safer sex to protect ourselves and our partners. It's important to know that sex without a condom puts people

SEX WORKERS ANSWER SOME OF YOUR BURNING QUESTIONS

at risk of being infected. However, there is little risk of getting an STI or HIV/AIDS while using a condom during sex. Whether or not the sex is paid for has no effect on this. We are safer sex professionals. If you don't know how to use a condom correctly, ask one of us and we will show you how. It would be our pleasure.

WHAT HAPPENS IF I HAPPEN TO SEE A SEX WORKER THAT I KNOW OUTSIDE OF HER/HIS WORKING HOURS?

What will happen depends on you and the sex worker in question. If you are worried about this, speak with her/him in advance. In general, if s/he does not approach you, it is best to be discreet and not approach her/him. Some sex workers prefer you not to approach them at all outside their working hours.

DO SEX WORKERS TELL THEIR FRIENDS, FAMILY AND PARTNERS THAT THEY DO SEX WORK?

Some of us talk openly about our work while others choose to talk about it with only a few people. Others do not talk about it at all. The discrimination and stigma that society puts on us about our work can affect our decision whether or not to talk about it. Each sex worker will decide whether or not to make their work known, depending on her/his needs and the context within which s/he works and lives.

DO SEX WORKERS HAVE PARTNERS, LOVERS, OR FRIENDS?

Unlike what some people think, we have busy personal lives outside of our working lives, just like other people. Our personal choices can be very varied. Some of us do not have partners, some have many and others have one. Some of us are single; others of us are married. Similar to the rest of society, there are those amongst us who are heterosexual, bisexual or gay.

DO SEX WORKERS HATE MEN?

Our work involves contact with many men. Some of them are respectful while others are less so. An ideal client is one who is respectful. Our feelings about men are affected by our work and our lives. We do not hate men, although sometimes we may hate certain words and actions.

GUIDELINES FOR SAFER SEX

Here we have given some practical tips and advice on how to behave with respect with a sex worker.

INITIAL AGREEMENTS

Sex workers are individuals, who may each have different ways of asking clients what they want. As a client, you must say clearly in advance (i.e. before having sex) what type of sex and/or time limits you are interested in paying for. The sex worker will either agree to your request, make another plan with you, or she/he may refuse your request. You must respect the sex worker's decision.

Once you have agreed on the sex you want, the sex worker will give you a price. At this point, you can politely discuss the offer without pushing anyone to do anything they do not want to, or for a price they are unhappy with. Remember that it is generally best to accept the prices offered by the sex worker.

SOME BASIC RULES:

- ☑ **Pay up front, before you start to have sex.**
- ☑ **Have the *exact amount* of money ready.**
- ☑ **Payment must be in cash (i.e. not drugs, alcohol or gifts), unless you have made another plan that you have both agreed to.**
- ☑ **Do not make the sex worker ask for the money. Be discreet when handing over the payment.**

If you are negotiating with an outdoors (i.e. street) sex worker, talking to a sex worker over the phone or using the Internet to contact sex workers, the next step is to discuss the place where the sex will happen. If you are in a car, do not just drive off with the sex worker without saying where you are planning on taking them, as this is often scary for them. Ideally you should ask the sex worker to suggest a preferred place that is private and safe. Give her/him time to tell a friend where you are going. As a sign of respect, drop off the sex worker at an agreed place when you have finished.

CHECKLIST:

What to discuss and agree upon during the initial discussion:

- ☑ **Exact type of sex (e.g. quickie, full house, all night etc.) and time to be taken**
- ☑ **Exact price**
- ☑ **What each of you is expecting to happen (e.g. will it include kissing, touching, nudity, blow job, affection, role play, etc.)**
- ☑ **The place you are going to have sex**

By sticking to the aspects in this list, you can avoid any mix-ups during the sex and after it. This reduces possible confusion on the part of both sex workers and clients.

THE SEX ITSELF

CONDOMS

The most important thing sex workers want to do is make sure the sex they have is as safe as possible for both of you. This means always using condoms with clients, for both penetrative sex as well as oral sex (e.g. blow jobs). If you are male, the sex worker will almost always provide a condom for you to use. However, you should bring your preferred brand of condom just in case. Sometimes sex workers do not trust clients' own condoms, in case they are bad quality, so it is best to accept the condom offered by the sex worker. Clients should expect the sex worker to put the condom on them. The sex worker will usually use lubricant, which should prevent tearing in case of dryness and should also make the sex better for both of you.

NB: *Never offer sex workers more money to have sex without a condom. Some clients complain about condom use, claiming that sex with a condom is not 'real sex', or they worry about lack of feeling when the sex is not flesh on flesh. However, asking for sex without a condom may not only disrespect the sex worker, but it also puts both of you at risk for contracting HIV and other STIs. See below for more information.*

KEEPING CLEAN

Sex with a sex worker means you will show parts of your body to her/him. Please try to make sure you are clean before you have sex with a sex worker; it will make the sex better for both of you. The sex worker may suggest you take a short shower at the beginning of your session – this can also be relaxing and sexy.

DRUGS AND ALCOHOL

Clients sometimes use drugs or drink a lot of alcohol before seeing a sex worker, but this can lead to poor decisions and unsafe sex. Drugs and alcohol can also reduce men's capacity to get and keep an erection, which can be disappointing to both the client and the sex worker. Alcohol and drugs can also affect your judgment and make you violent. This is not acceptable.

IN SUMMARY: if you choose to use alcohol or drugs, please do not use too much before you have sex. If you are drunk or high, the sex may take longer than expected and you should talk about this at the beginning.

VALUABLES AND PRIVACY

As a general rule, it is safer not to bring valuables like wallets and watches with you when meeting a sex worker – just the cash that you will need to pay her/him.

Do not use your phone or camera to take videos or photos without permission. It is also good manners to keep your phone switched off during the session.

EXTRAS

If you want to add time or other activities to the sex you have already agreed (for example, if you want to spend more time with the sex worker or want an extra service), discuss it with respect. Accept the decision of the sex worker – they have a right to say yes or no.

THINGS THAT NEED SAYING

It is important to talk about any sexual or physical discomforts or difficulties you might have that may affect your pleasure or safety during sex. An example may be a disability, or difficulty with keeping an erection if you are a man.

RESPECT

You should know all of this already, but here's a reminder:

- Be polite and respectful at all times.
- Do not act violently towards a sex worker.
- Sex work is work. Like any other form of labour, it is the sale of a service. Do not try to 'save' or 'rescue' the sex worker. And do not assume that sex workers will see you in their own free time.
- Sex workers have a right to say no! If a client pushes a sex worker's limits or does not stick to what has been previously agreed, a sex worker may end the session at any point. Never ask of force a sex worker to do something that she/he does not want to do. This could end in a charge of assault or even rape.

SAFER SEX: PROTECT YOURSELF AND OTHERS

1. CONDOM USE

Condoms help stop you getting STIs, including HIV/AIDS. It is very important to use a condom every time you visit a sex worker and to use a new condom each time you have sex.

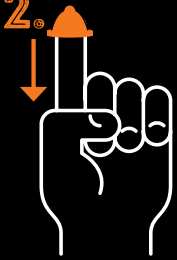
It is important to talk about condom use before having sex! Female sex workers may use female condoms, in which case a male condom is not needed. It can also be dangerous to use both at once. In the same way, using two male condoms, one on top of the other, can lead to them breaking – as can using one condom more than once.

If a condom breaks during sex, go to a clinic or health care provider as soon as possible. If they need to, they will start you on a course of PEP (Post-Exposure Prophylaxis). PEP is when you take anti-retroviral medicine which can stop you from getting HIV after having sex.

1.

Open packet without tearing it - don't use your teeth.

2.

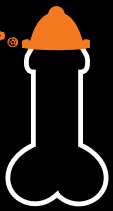


With your finger, test gently that condom unrolls away from tip.

3.

Add one or two drops of lube to tip, to make it feel better on the penis during sex.

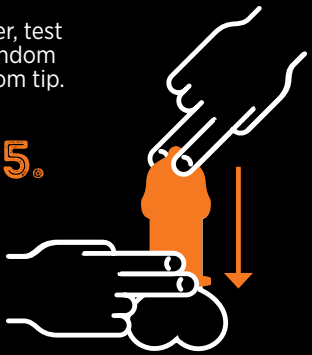
4.



Roll down shaft.

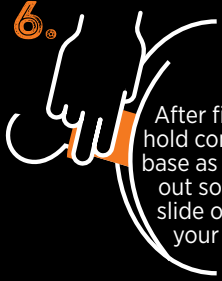
Only use one condom at a time, never double bag it!

5.



Pinch tip to block air pocket and leave space for cum.

6.



After finishing, hold condom at base as you pull out so it won't slide off inside your partner.

7.

Tie the condom up to avoid spilling.

Use a new condom for each round of sex.

2. SEXUALLY TRANSMITTED INFECTIONS (STIs)

STIs are common and anyone can get them. According to the World Health Organisation, more than 1 million STIs are picked up every day worldwide. STIs are spread mostly by sex without a condom, including vaginal, anal and oral sex.

The most common STIs include: HIV/AIDS; herpes; gonorrhoea; chlamydia; syphilis; hepatitis B; scabies; and pubic lice (crabs).

COMMON SIGNS OF STIs INCLUDE:

- Pus coming from the vagina or penis
- Burning urine
- Sore or ulcer on or around the vagina or penis
- Painful sex
- Stomach pain
- Swelling of the testicles

NOTE: a person can have an STI without showing it. So whilst checking yourself is important, you should also get yourself checked regularly (i.e. every 3-6 months) by a doctor or nurse. STI testing is painless – usually a blood test – and most STIs can be treated. You can get tested at any of your local clinics.

WHAT TO EXPECT AT THE CLINIC

1. A private discussion with someone you can trust and who will keep your information confidential
2. Someone who will listen to your whole story - including your sexual history
3. A complete examination and discussion of any STIs you might have
4. STI treatment with drugs where necessary
5. HIV testing if necessary
6. Condoms, including how to use them
7. Partner notification slip(s) will be offered, if wanted

SOURCE: Department of Health, Republic of South Africa.

Your level of risk for contracting an STI depends on several things, including: the number of partners you have; the type of sex you have; and the methods you use to avoid getting STIs. Condoms are one of the best ways to protect yourself against STIs.

As a client, not only do you need to protect yourself from getting STIs, you also want to ensure that you do not spread the infection to others.

SUMMARY

Having safe and considerate fun with a sex worker can be a pleasure for both parties. Understanding the rules of sex work should help you, the client, to respect sex workers in a stress-free and trusting way. The key things to remember are:

1

BE SAFE – YOUR SEXUAL HEALTH IS IMPORTANT TO YOU, YOUR PARTNER AND TO SEX WORKERS.

2

TREAT SEX WORKERS WITH KINDNESS AND RESPECT.

3

SEX WORK IS WORK.

As clients of sex workers, you should consider supporting changing the law in South Africa to make sex work safer. If sex work was decriminalised, sex workers would have better access to healthcare and other rights and services. In addition, clients would not be at risk of prosecution, discrimination or stigma.

By supporting decriminalisation, you the client will be promoting better health and support service for sex workers. Both you and the sex worker will have rights and be protected by law. This could impact positively on service delivery, safer brothels and healthier relationships within the sex work industry.

Contact the Asijiki Coalition for the Decriminalisation of Sex Work for more information and join the voices of activists and sex workers who want the sex work industry to be decriminalised.

YOUR VOICE COULD MAKE A DIFFERENCE.

RELEVANT GROUPS TO CONTACT

Sex Workers Education and Advocacy Taskforce (SWEAT)

Tel: +27(0) 21 448 7875

Sex worker Helpline: 0800 60 60 60

Website: www.sweat.org.za

Asijiki Coalition for the Decriminalisation of Sex Work

Website: www.asijiki.org.za

Email: coordinator@asijiki.org.za


LET'S MAKE SEX
WORK SAFER,
TOGETHER!

This report explores possible harm reduction approaches to a sex worker client intervention in the South African context. It considers the current evidence base on client interventions globally and sets out key recommendations for an effective client intervention programme.

Drawing on this framework and recommendations, the report concludes with an example of a curriculum which could be used as a possible approach to a client intervention plus an educational booklet targeted at sex worker clients.

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